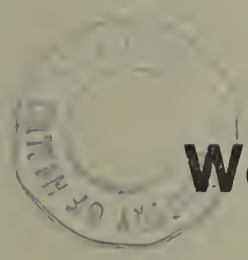


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**Worcestershire County Council**

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**ANNUAL REPORT**

**of the**

**COUNTY MEDICAL OFFICER**

**OF HEALTH**

**on the**

**HEALTH and WELFARE SERVICES**

**for**

**THE YEAR 1965**

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**Worcestershire County Council**

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**of the**

**COUNTY MEDICAL OFFICER**

**OF HEALTH**

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WORCESTERSHIRE COUNTY COUNCIL

Telephone : Worcester 23400

County Health Department,  
Love's Grove,  
Castle Street,  
Worcester.

*To the Chairman, Aldermen and Members of the Worcestershire County Council.*

Mr. Chairman, Ladies and Gentlemen,

In accordance with the requirements of the Public Health Officers Regulations, 1959, it gives me pleasure to present the seventy-seventh annual report which covers the year 1965. Once again it is pleasing to record that the health of the Worcestershire people is satisfactory and fortunately there has not been any major outbreak of serious infectious disease.

*Statistics :* It will be noted that the estimated population for the administrative County as at 30th June, 1965, is 472,630. This information, provided by the Registrar General, shows an increase of 7,420 over the previous year.

There is visible evidence that the Droitwich expansion programme and also the Redditch New Town project are making progress and it must be remembered that many preliminary planning and administrative problems have to be overcome before the metamorphosis of the virgin countryside begins to take place.

The live birth rate per 1,000 population during 1965 for England and Wales was 18.0 and the figure for Worcestershire was 18.1 though in the past Worcestershire has tended to lag behind the national average.

When considering infant death figures it is fitting to note that there was an improvement during 1965 and the infant mortality rate for total infant deaths per 1,000 total live births fell to a figure 2.2 per cent below the national average.

Attention must again be drawn to the fact that no deaths occurred in the County which were directly attributable to measles, whooping cough, diphtheria or acute poliomyelitis, neither was there any notification of a case of poliomyelitis. Whilst this is again a great achievement, there is no time for complacency and all concerned must make constant efforts to try and attain within the County the complete protection of 100 per cent of the population against certain infectious diseases. Whilst the acceptance rates for immunisation in Worcestershire can be regarded as satisfactory, there are still many parents who are neglecting to ensure that their families are fully protected. The dangers to the unprotected child still exist and if any child were to die from poliomyelitis, smallpox or diphtheria, I would find it difficult not to conclude that a contributory factor had been neglect to ensure that all our children are fully protected. Once children have been immunised, parents should see that the high state of their protection is maintained by obtaining the occasional booster doses as recommended. All the details with recommended dates when immunisation should be obtained are set out clearly on the yellow personal record card issued to parents of all new born babies and available on request from the Health Department or any District Nurse, Midwife or Health Visitor.

*Ambulance Service :* This service is commented upon quite fully in the body of my report and from the figures quoted it will be noted that yet again there was quite a substantial increase in the number of patients carried and miles covered as compared with the previous year.

There is no doubt that radio control of the ambulance service is now having its full effect in bringing about a saving in the road miles. This is a difficult service to administer economically and where the saving of life is involved, the essential factor is speed of operation. However, when confronted with many routine visits to hospital out-patients, the radio control staff are able to make the best possible arrangements for all concerned.



The Ministry of Health have again asked for special mention to be made on venereal disease and on smoking, both of which are included.

*Chiropody :*

I have not previously commented directly upon this service but I would like to pay tribute to the pioneer work that has been put into providing first class treatment, particularly for the aged.

When the service started in 1960 the number of treatments given in nine months was 2,121 and by 1965 this number has risen to 11,053. There is no doubt that this service has proved to be most beneficial and is appreciated greatly by all concerned. Credit for this success is due to Mr. H. D. Price, the Chief Chiropodist, and to Mr. J. A. Carter, the Chief Clerk.

*Mental Health Service :*

The mental health service has continued throughout the year to provide a fairly comprehensive community service for the County.

The major building programme for a junior training centre, adult training centre and junior hostel at Kidderminster has progressed steadily and at the time of writing the buildings are nearing completion and arrangements are being made for the appointment of staff.

For a considerable time endeavours have been made to obtain a suitable site in Evesham on which to build a junior training centre. Regretfully all our efforts have proved to be abortive but at the end of the year rented premises in the town were opened in January, 1966, as a temporary centre.

The adult training centre at Redditch is now providing a most useful service to the community and the Health Committee is extremely grateful to the many local firms and industrialists who are providing some forms of work for those adults who are in attendance at the centre. Besides these, all credit is due to the staff of the centre who are succeeding in their efforts to train some of the patients to carry out productive work.

*Welfare Services :*

Mr. R. A. McDonald, the County Welfare Officer, has provided a most comprehensive report for inclusion in the annual report. This report outlines the great efforts which the County are making to maintain the present high standards of service to meet the needs of the aged, infirm, handicapped and the less fortunate members of our community.

*Environmental Services :*

There is no doubt that the environmental services are constantly improving throughout the County and reasonable progress has been made over the years with the provision of a piped water supply and the question of sewerage and sewage disposal is constantly under review.

*Tuberculosis :*

A most helpful report has been received from Dr. R. B. Mayfield regarding the tuberculosis state in the County. It seems that the notification rate for the home population continues to improve but Dr. Mayfield again emphasises the dangers due to many of the immigrants who are now coming into this country. This is a matter upon which everyone in the public health field must be vigilant and I would concur in the remarks of Dr. Mayfield that all immigrants on arrival in this country should have a chest x-ray if approved satisfactory arrangements cannot be made before they leave their own countries.

In concluding my remarks on the Tuberculosis service, it is with regret that I have to record the impending retirement of Dr. Mayfield who for many years has been the Senior Consultant Chest Physician and has at all times worked most amicably and in close liaison with this Department. I extend to Dr. Mayfield good wishes for a happy retirement and tender my sincere and grateful thanks for his personal contribution to the Public Health Services.

The department suffered two grievous losses during the past year due to the deaths of two members of the staff. Miss Sara Keeler who had been the Chief Nursing Officer since 1958 passed away in October, 1965, after a long illness patiently borne. Miss Keeler in her years with the department had seen many changes including the great expansion of the domiciliary nursing services. Her past experience and expert guidance was responsible for the smooth transition to a much more comprehensive and efficient service.

The department had hardly recovered from the shock of Miss Keeler's death when after a very short illness came the sudden and tragic death of Mr. Britten, Chief Dental Officer. David Britten, as he was affectionately known by his professional colleagues, had given many years of loyal and devoted service to the County and only months before his death had received from the Department of Education and Science a most excellent report on the dental services of the County. His ability and enthusiasm were evident to all who knew him and he will be missed very deeply by those who had the privilege of his friendship.

In July Dr. M. C. Macleod, my Deputy, was appointed County Medical Officer of Health for Bedfordshire. He did excellent work whilst in Worcestershire and Bedfordshire were indeed fortunate to secure him as their County Medical Officer. I extend to him my thanks for his service here and good wishes for a happy and successful future.

At the time of writing this report I must record the impending loss of the representatives from Oldbury. Amongst them, Mr. J. F. Goode, O.B.E., who was Chairman of the Education Children's Care Committee which is responsible for the School Health Service, and amongst the lady representatives Mrs. Goode who had carried out splendid work for many years as Chairman of the Voluntary Committee helping the staff and parents at the Junior Training Centre at Netherend.

These changes also involved the loss of the Chairman of the Health Committee, Alderman S. T. Melsom, O.B.E. He had carried out his manifold duties in an exemplary manner and his own inimitable fashion of governing our meetings was an example of his experience and wisdom which was frequently interspaced with "black country humour." He was ever ready to undertake any additional task which he might be called upon to accept and his life has been devoted to the Health Services of the County. His profound knowledge of Health matters will still be available for he continues as Chairman of the West Bromwich Hospital Management Committee and Chairman of the Worcestershire Executive Council.

To all these good people on behalf of myself and the staff we extend our sincere thanks.

The past year has seen constant changes in staff, particularly on the clerical side, and I am grateful to all members of the staff, professional, technical and clerical, for their assistance and devotion to duty through the past year when heavy demands were asked of them to meet the continued shortages and changes. It is a pleasure to make special mention of Mr. Rock who has assisted me directly in the administrative work of the department and also to extend to Dr. Willins who succeeded Dr. Macleod as Deputy Medical Officer of Health to the County in September, 1965, every good wish for a happy and successful term of office.

It is encouraging to receive the support and assistance of the Chairmen and Members of the Sub-Committees and I am grateful to them for their continued advice and guidance,

J. W. PICKUP.

County Medical Officer of Health and  
Principal School Medical Officer.



*Health Committee*  
(as at 31st December, 1965)

Chairman :	Mr. S. T. Melsom, O.B.E.
Vice-Chairman :	Mr. H. J. Tooby
The Chairman of the County Council :	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council :	Mr. H. Ashwin, D.L.
The Chairman of the Finance Committee :	Mr. J. H. Walker

*County Aldermen :*

Mrs. H. C. M. Porter	Col. W. R. Prescott, M.C., D.L.
	Brig. J. Scott, D.S.O., O.B.E.

*County Councillors:*

Mr. E. M. Badger	Mr. W. F. Kimberley
Dr. J. E. Blundell-Williams	Mrs. M. B. Matty
Mr. W. S. Brettell	Mrs. R. F. Munslow
Mr. R. Broaderwick	Mr. R. J. Oakley
Mr. E. J. Broughton	Mr. J. T. O'Reilly
Mr. A. N. Brown	Mr. J. G. Parker
Mr. D. G. Dymott	Mrs. O. Simpson
Mr. F. Giles	Mrs. M. B. Slade
Mrs. J. F. Goode	Mrs. T. Starkie
Mr. H. Hardwick	Mr. E. A. W. Treadgold
Mr. D. C. Herbert	Miss M. E. Vernon
Mrs. B. E. Hibberd	Mr. S. Wedgbury
Mr. A. E. Johnson	Mr. C. Willetts
Mr. W. B. Jordan	

*Co-opted Members :*

Dr. R. S. MacArthur } Dr. R. F. Lurring }	Local Medical Committee
Miss F. E. Bailey, B.D.S.	Local Dental Committee
Mrs. J. C. Wilson } Mrs. R. Lane }	County Nursing Association
Miss H. M. Pollard	Women's Voluntary Service
(Vacancy)	Worcestershire Federation of Women's Institutes
Mrs. E. R. Chadwick	Mid-Worcestershire Hospital Management Committee
(Vacancy)	South Worcestershire Hospital Management Committee
Mrs. R. Chamberlain	Kidderminster Borough Council



*Public Health Sub-Committee*

Mr. D. G. Dymott (Chairman)

Mr. E. M. Badger  
Mr. R. Broaderwick  
Mr. H. Hardwick  
Mr. A. E. Johnson  
Mr. W. B. Jordan  
Mr. W. F. Kimberley  
Mrs. R. F. Munslow  
Mr. J. T. O'Reilly

Mr. J. G. Parker  
Mrs. H. C. M. Porter  
Col. W. R. Prescott, M.C., D.L.  
Mr. E. A. W. Treadgold  
Miss M. E. Vernon  
Mr. S. Wedgbury  
Mr. C. Willetts

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

*Co-opted Members :*

Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester Royal Infirmary  
Miss F. E. Bailey, B.D.S.  
Mrs. E. R. Chadwick

*Milk Minor Sub-Committee*

Mr. E. M. Badger  
Mr. D. G. Dymott  
Mr. A. E. Johnson

Col. W. R. Prescott, M.C., D.L.  
Mr. H. J. Tooby

*Co-opted Member:*

Dr. R. J. Henderson

*Ambulance Prevention and After-Care Sub-Committee*

Mr. E. J. Broughton (Chairman)

Mr. E. M. Badger  
Mr. A. N. Brown  
Mr. H. Hardwick  
Mr. D. C. Herbert  
Mrs. B. E. Hibberd  
Mr. A. E. Johnson  
Mr. W. B. Jordan

Mr. R. J. Oakley  
Mr. J. G. Parker  
Mrs. H. C. M. Porter  
Brig. J. Scott, D.S.O., O.B.E.  
Mr. S. Wedgbury  
Mr. C. Willetts

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

*Co-opted Members :*

Mrs. J. M. Rimington, M.B.E.  
Lt. Col. D. A. Davison, O.B.E., D.L.  
Dr. R. S. MacArthur  
The Chairman of the South Worcestershire After-Care Committee (Mrs. R. H. Stallard)  
Mrs. F. Pratt  
Miss F. E. Bailey, B.D.S.

*Finance and General Purposes Sub-Committee*

Mr. S. T. Melsom, O.B.E. (Chairman)

The Chairman of the County Council  
The Vice-Chairman of the County Council  
The Chairman of the Health Committee  
The Vice-Chairman of the Health Committee  
The Chairman of the County Finance Committee  
The Chairmen of the following Sub-Committees :  
    Public Health  
    Maternity and Child Welfare  
Ambulance, Prevention and After-Care  
    Mental Health  
    Welfare

*Maternity and Child Welfare Sub-Committee*

Mrs. H. C. M. Porter (Chairman)

Mr. E. M. Badger	Mr. J. G. Parker
Mr. W. S. Brettell	Mrs. O. Simpson
Mr. D. G. Dymott	Mrs. M. B. Slade
Mr. H. Hardwick	Mrs. T. Starkie
Mr. D. C. Herbert	Miss M. E. Vernon
Mrs. M. B. Matty	Mr. S. Wedgbury
Mrs. R. F. Munslow	Mr. C. Willetts

The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

*Co-opted Members :*

Dr. Pamela Gibbins	Miss H. M. Pollard
Mrs. R. Lane	Mrs. J. C. Wilson
Dr. R. S. MacArthur	

*Mental Health Sub-Committee*

Mr. A. E. Johnson (Chairman)

Mrs. J. F. Goode	Mrs. H. C. M. Porter
Mr. H. Hardwick	Mrs. O. Simpson
Mr. D. C. Herbert	Mrs. T. Starkie
Mrs. B. E. Hibberd	Mr. E. A. W. Treadgold
Mrs. M. B. Matty	Mr. S. Wedgbury
Mrs. R. F. Munslow	Mr. C. Willetts

Mr. J. G. Parker	} ex-officio
The Chairman of the County Council	
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

*Co-opted Members :*

Mrs. T. H. Charles	Mrs. F. Salmon
Dr. R. S. MacArthur	Mr. H. W. Sanders
Mrs. F. Pratt	

*Welfare Sub-Committee*

Mr. J. G. Parker (Chairman)

Mr. W. S. Brettell	Mrs. R. F. Munslow
Mr. R. Broaderwick	Mr. J. T. O'Reilly
Mr. E. J. Broughton	Mrs. H. C. M. Porter
Mr. A. N. Brown	Brig. J. Scott, D.S.O., O.B.E.
Mr. F. Giles	Mrs. O. Simpson
Mrs. J. F. Goode	Mrs. M. B. Slade
Mr. H. Hardwick	Mrs. T. Starkie
Mr. D. C. Herbert	Miss M. E. Vernon
Mrs. B. E. Hibberd	Mr. S. Wedgbury
Mrs. M. B. Matty	Mr. C. Willetts

The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

*Co-opted Members :*

Mrs. R. G. Addenbrooke	Lt. Col. O. D. Smith, D.L.
Mrs. R. Chamberlain	Mr. H. T. Stephens
Mrs. J. Hawkes	Miss H. M. Pollard
The Chairmen of the Visiting Committees to the Old People's Homes	Mrs. J. C. Wilson
Heathlands	Mrs. B. E. Hibberd
Blakebrook and Holmwood	Mrs. R. E. Hetherington
Laburnum House	Mrs. R. G. Addenbrooke
The Heriotts	Lady Garrod
Malvernbury and The Howsells	Mr. E. J. Broughton
Swinford Hall	Mrs. M. B. Matty
Shenstone	

## County Staff

### *County Medical Officer of Health*

J. W. Pickup, M.D., D.P.H.

### *Deputy County Medical Officer of Health*

M. C. Macleod, M.D., D.P.H. (Resigned 30.6.65)

J. D. Willins, M.B., Ch.B.D.P.H. (Appointed 1.9.65)

### *Senior Medical Officer, School Health Service*

Gwen S. Clark, M.B.Ch.B., D.Obst.R.C.O.G., D.P.H.

### *Senior Medical Officer, Maternal and Child Welfare*

Margaret I. Freeman-Archer, M.D., D.Obst.R.C.O.G., D.C.H., D.P.H.

### *Divisional Area Medical Officer of Health, Kidderminster*

C. Starkie, M.D., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

### † *Borough of Oldbury, Acting Medical Officer of Health*

R. F. Joanes, M.B., B.S., D.P.H.

### *Senior Assistant County Medical Officer of Health*

Isobel J. McLarty, M.B., Ch.B., (Appointed 10.5.65)

### *Assistant County Medical Officers of Health*

Carmel H. Dencer, M.B., B.Ch., B.A.O. (Part-time)

\*H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Muriel R. Green, M.B., Ch.B.

\*C. W. J. Hingston, L.R.C.P., M.R.C.S., D.T.M. and H., D.P.H.

Esme S. Jenkins, M.B., B.Ch., D.Obst.R.C.O.G. (Part-time)

Kathleen M. Joanes, M.B., Ch.B., D.Obst.R.C.O.G.

\*V. A. Lloyd, M.R.C.S., L.R.C.P., M.B., Ch.B., D.P.H.

\*R. W. Markham, B.A., M.B., B.Ch., D.P.H.

\*C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H.

\*L. S. Stephens, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

G. Stewart, L.M.S.S.A., Part 1 D.P.M. (Appointed 18.1.65)

Essillt Thomas, M.B., Ch.B.

\*D. E. Thompson, O.B.E., M.R.C.S., L.R.C.P., M.B., B.Ch., D.T.M. and H., D.P.H.

J. Twomey, M.B., B.Ch., B.A.O., D.T.M. and H., D.P.H.

P. B. Williams, T.D., M.B., Ch.B.

† Delegated authority under Local Government Act, 1958.

\* Also District Medical Officer of Health.

### *Senior Consultant Chest Physician*

‡ R. B. Mayfield, M.D., D.P.H.

### *Consultant Chest Physicians*

‡ E. N. Moyes, M.D., Ch.B., M.R.C.P.

‡ R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

‡ S. Z. Kalinowski, M.D.

‡ Part-time by arrangement with the Birmingham Regional Hospital Board.

### *Chief Dental Officer*

B. D. Britten, L.D.S. (Died 27.11.65)

### *Deputy Chief Dental Officer*

C. W. D. Jones, B.D.S. (Acting Chief Dental Officer 28.11.65)

### *Divisional Dental Officers*

M. J. Burford, B.D.S.

Miss R. J. H. Sammons, L.D.S., R.C.S.Eng.

J. Charlton, L.D.S., R.C.S., B.D.S.

### *Dental Officers*

Mrs. P. Goff, B.D.S. (Appointed 26.4.65)

C. Haynes, B.D.S.

Mrs. M. E. Hiscock, B.D.S. (Part-time)

K. E. Nicholas, L.D.S., R.C.S.Eng.



L. A. Trace, L.D.S., R.C.S.Eng. (Part-time)  
F. A. Trent, L.D.S., R.C.S.Eng.  
Mrs. P. B. Trent, L.D.S.Eng.  
Mrs. A. M. Facer, L.D.S. (Part-time) (Resigned 28.2.65)  
G. T. Facer, B.D.S. (Part-time) (Resigned 31.7.65)  
Mrs. W. T. Carson, B.D.S.  
Mrs. R. H. Longhurst, B.D.S. (Part-time)  
Mrs. P. K. M. Marris, B.D.S. (Part-time)

*Orthodontist*

Mrs. M. A. Tibbatts, L.D.S. (Part-time)

*County Public Health Inspector*

R. Colenso, M.R.S.H., M.I.P.H.E., M.A.P.H.I.

*County Ambulance Officer*

G. C. Hutchison

*Deputy County Ambulance Officer*

S. Ogden

*Civil Defence Training Officer*

R. O. Jenkins

*Ambulance—Radio Control—12*

*Occupational Therapists*

Miss J. Stott, M.A.O.T.

Miss R. J. Young, S.R.O.T. (Commenced 5.4.65)

*Speech Therapists*

Miss R. M. Bourke, L.C.S.T.

Miss E. M. E. Davies, L.C.S.T. (Resigned 26.9.65)

Mrs. V. A. Stone, L.C.S.T. (Part-time)

Mrs. M. L. Ingamells, L.C.S.T. (Part-time)

Mrs. N. M. Shearmur, L.C.S.T.

Mrs. P. D. Trotman, L.C.S.T. (Commenced 28.6.65)

*Physiotherapists*

Mrs. D. G. Perry-Keane, M.C.S.P. (Part-time)

*Orthopaedic Sister*

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

*Chief Chiropodist*

H. D. Price, M.Ch.S., S.R.Ch.

*Senior Chiropodist*

Miss M. P. Miller, L.Ch., S.R.Ch. (Resigned 30.9.65)

*Health Education Officer*

J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.Ed.(Lond.)

*Assistant Health Education Officer*

Miss L. Mee, S.R.N., S.C.M., H.V.

**NURSING, MIDWIFERY AND HEALTH VISITING**

*Chief Nursing Officer*

Miss S. Keeler, S.R.N., S.C.M., Q.N.S., H.V. (Died 11.10.65)

Miss A. Keen, S.R.N., S.C.M., H.V. (Commenced 1.11.65)

*Deputy Chief Nursing Officer*

Miss M. B. Busby, S.R.N., S.C.M., Q.N., H.V. (Commenced 1.12.65)

*Assistant Nursing Officers*

Mrs. E. J. Bryan, S.R.N., S.C.M., Q.N. (Commenced 11.10.65)

Miss P. M. Downing, S.R.N., S.C.M., Q.N., H.V. (Resigned 31.8.65)

Miss N. Hardiman, S.R.N., C.M.B.(1), H.V. (Commenced 1.3.65)

Mrs. E. S. Smith, S.R.N., S.C.M., Q.N., H.V. (Commenced 1.3.65)



In the County as at 31st December, 1964, the following staff were employed :

	<i>Full-time</i>	<i>Part-time</i>
Health Visitors and School Nurses .. .. .	61	12
Midwives .. .. .	15	3
District Nurse/Midwife/Health Visitors .. .. .	118	17
Nurses on Courses .. .. .	5	

*Mental Health Service*

*Mental Health Administrative Officer*

W. Phillips, LL.B.

*Assistant Mental Health Administrative Officer*

A. G. Willis

Senior District Mental Welfare Officers .. .. . 6

District Mental Welfare Officers .. .. . 7

Female Mental Welfare Officers .. .. . 1

*Training Centres*

	<i>Supervisor</i>	<i>Assistant Supervisor</i>	<i>Trainee</i>
Worcester Junior Training Centre .. .. .	1	4	1
Netherend Training Centre .. .. .	1	6	2
Bromsgrove Junior Training Centre .. .. .	1	2	1
Kidderminster Training Centre .. .. .	1	4	1
Redditch Adult Training Centre .. .. .	1	4	—
Staff on Training Courses .. .. .	—	2	—

*Senior Administrative and Clerical*

*Chief Administrative Assistant*

H. A. Rock, A.R.S.H.

*Chief Clerk*

J. A. Carter

*Finance and Establishment Clerk*

D. A. Simpson (Resigned 30.9.65)

M. V. Dowse (Commenced 6.10.65)

*Senior Clerks*

L. J. Banning ; G. W. Nield, A.R.S.H. ; F. H. Tyler ; I. E. Collins ; A. G. Stevenson ; Miss M. Lowe ; S. A. Astley (Borough of Oldbury Office) and Miss M. French (Kidderminster Divisional Office)

*Social Welfare*

*County Welfare Officer*

R. A. McDonald

*Deputy County Welfare Officer*

A. A. Mumford

*Senior Administrative Assistant*

D. E. Makin, D.P.A.

*Casework Supervisor*

L. G. D. Harrison, A.A.P.S.W.

*District Social Welfare Officers*

\*Mrs. M. H. M. Birch

\*Miss E. F. Gander, B.A.

B. J. Hodgkinson

Miss A. I. Giddins

\*Mrs. V. Hand

P. J. Hurley

\*Miss D. O. C. Simmons

\*Miss J. M. Woodburn

*Welfare Assistants—5*

*Supervisor/Salesman—Blind Homeworkers' Scheme*

\*D. G. Major

*Craft Instructress*

Mrs. S. M. Ness

\*Home Teachers of the Blind

*Homes for Old and/or Infirm Persons :*

				<i>Warden</i>	<i>Asst. Warden</i>	<i>Matron</i>	<i>Asst. Matron</i>	<i>Senior Female Asst.</i>
Heathlands, Pershore	..	..	1	—	1	1	—	
The Heriotts, Droitwich	..	..	—	—	1	1	2	
Holmwood, Kidderminster	..		1	—	1	1	—	
The Howsells, Malvern	..	..	1	1	—	—	—	
Laburnum House, Upton upon Severn	..	..	1	1	1	1	1	
Malvernbury, Malvern	..	..	1	1	—	—	—	
Swinford Old Hall, Stourbridge			1	1	—	—	—	
Shenstone, Halesowen	..	..	1	—	1	1	1	
Bromsgrove General Hospital (County Council's reserved accommodation)	..	..	—	—	—	—	1	

*Home Help Service*—as at 31st December, 1965.

W.V.S. County Organiser .. Miss H. M. Pollard, M.B.E., J.P.  
91 Lowesmoor, Worcester.  
Telephone : Worcester 27581/2

*Headquarters Staff*

Mrs. Mckechnie, Mrs. Stuart

*Area Organisers*

*Tel :*

Mrs. Anson, W.V.S. Office,  
6 Load Street, Bewdley .. .. Bewdley 3283  
Mrs. Woolf, 57 High Street, Bromsgrove .. Bromsgrove 2798  
Mrs. Bromley,  
81 Birmingham Road, Alvechurch .. Hillside 1926  
Mrs. Warner,  
64 Ashmead Drive, Rednal, Birmingham.. Hillside 1630  
Mrs. Lamont W.V.S. Office,  
1 Ombersley Street, Droitwich .. .. Droitwich 3025  
Mrs. Gill Smith, W.V.S. Office,  
52 Merstow Green, Evesham .. .. Evesham 6120  
Mrs. Whitford, The Moat House,  
Ashton-under-Hill .. .. Ashton-under-Hill 327  
Miss Bridge, W.V.S. Office,  
4 Cornbow, Halesowen .. .. Halesowen 1414  
Mrs. Merritt,  
15 Warmington Road, Hollywood.. .. Wythall 3563  
Mrs. Moule, W.V.S. Office,  
Tower Buildings, Blackwell Street,  
Kidderminster .. .. Kidderminster 3231  
Mrs. Morice, W.V.S. Office,  
40 Church Street, Malvern .. .. Malvern 1103  
Mrs. Nott, Crantock,  
Station Road, Fernhill Heath .. .. Fernhill Heath 437  
Mrs. Tetsall, W.V.S. Office,  
23 Simpson Street, Oldbury .. .. Broadwell 1856  
Miss Burridge, W.V.S. Office,  
23 High Street, Pershore .. .. Pershore 247  
Mrs. Pruden, W.V.S. Office,  
16 Prospect Hill, Redditch .. .. Redditch 3843  
Mrs. Guest, W.V.S. Office,  
94 High Street, Stourbridge .. Stourbridge 4704  
Mrs. Reynolds, W.V.S. Office,  
Police Station, Stourport-on-Severn .. Stourport 3240  
Mrs. Boot, Pensax Court, Stockton .. Clows Top 240  
Mrs. Blundell Williams,  
High Street, Tenbury Wells .. .. Tenbury 25  
Miss Cole, 10 High Street,  
Upton-on-Severn

Total number of Home Helps employed (full or part-time basis) 454

*Vital Statistics*

Area of the Administrative County	..	437,473 Acres
Population (Census 1961)	..	441,069
,, 1965 mid-year estimate	..	472,630
Rateable Value 1964/65	..	£17,436,779
Product of a penny rate 1964/65	..	£70 825 approx.

							<i>Worcestershire</i>	<i>England and Wales</i>
					<i>Male</i>	<i>Female</i>	<i>Total</i>	
Live Births :—								
Legitimate	..	..	..	..	4,167	3,935	8,102	
Illegitimate	..	..	..	..	235	214	449	
Live birth rate per 1,000 population	..							18.1
Illegitimate live births per cent of total live births	..	..	..	..				5.2
Stillbirths								
Legitimate	..	..	..	..	53	57	110	
Illegitimate	..	..	..	..	7	2	9	
Stillbirth rate per 1,000 live and stillbirths								13.7
Total live and stillbirths	..	..			4,462	4,208	8,670	
Infant deaths (death under one year)	..				81	63	144	
Infant Mortality rates :								
Total infant deaths per 1,000 total live births	..	..	..	..				16.8
Legitimate infant deaths per 1,000 legitimate live births	..	..						16.4
Illegitimate infant deaths per 1,000 illegitimate live births	..	..						24.5
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)								12.9
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)								11.2
Perinatal mortality rate (stillbirths and deaths under one week combined per total live and stillbirths)	..	..						24.8
Maternal mortality (including abortion) :								
Number of deaths	..	..	..				1	219
Rate per 1,000 total live and stillbirths							0.11	0.25



*Care of Mothers and Young Children*  
(Section 22—National Health Service Act, 1946)

*Child Welfare Centres*

Two new purpose built clinics and one small prefabricated clinic were completed during the year as follows :—

(1) *Highfield Lane Clinic, Halesowen*

This all-purpose clinic, provided by the Education Committee has to a large extent replaced the adapted school building at Tenter Street, Halesowen. It is centrally placed and being much more attractive has proved very popular with the mothers and young children. Child Welfare clinic attendances have risen sharply and it has been necessary to open a second session each week. Although a clinic is still held fortnightly at Tenter Street the numbers have dwindled to a very low level.

(2) *Victoria Park Road Clinic, Malvern Link*

This small health clinic sponsored by the Health Committee has proved very successful. There is adequate accommodation for the health visitors and apart from a dental unit which is not included there is sufficient room for all normal clinic activities. Apart from meeting the needs of an expanding residential area the new clinic also replaces the former clinic at Newtown Road Malvern, which was held in an adapted house.

(3) *Pedmore Clinic*

As the only suitable accommodation for a clinic was required unexpectedly for other purposes it became necessary to erect a small building in this rapidly developing area and to have it ready for use as soon as possible. A prefabricated building was therefore erected consisting of a central waiting hall, two small consulting rooms and a kitchen and toilets. Although the space is limited, the building has proved adequate for its purpose and in view of the relatively low cost and the short time required for its erection, similar structures may prove useful in other areas of the County.

In addition, new clinics were established in St. John's Church Hall, Habberley, Kidderminster, and in the Festival Hall, Stone. A temporary clinic was opened in the Congregational Church Hall, Whetty Lane, Rubery, while mothers had difficulty in crossing the main road to the Barrington Road Clinic during major road works.

The clinic at Abbeydale, Redditch, was formerly held in unsatisfactory premises and has now been transferred to the Arrow Working Men's Club, where new accommodation was available. The clinic at Little Witley which was held for one hour once a month was closed owing to the small numbers attending. As a result of this it was then possible for a full child welfare session to be held at Great Witley where numbers had increased.

*Mobile Clinics*

These clinics are not truly mobile but are a means of bringing mothers and children from scattered rural areas to a child welfare centre. A local village hall which is centrally situated to cover some five or six parishes is rented for a clinic session attended by a doctor, health visitor and voluntary committee. A passenger carrying vehicle proceeds from Worcester to the village hall where portable equipment and welfare foods are unloaded. The health visitor then gives the driver of the vehicle two routes. He proceeds along the first route collecting the mothers and babies and bringing them to the clinic. He then takes the second route and brings the second group to the clinic, leaving again immediately to take the first group home. After returning to second group too, he picks up the equipment and welfare foods stock and returns to Worcester.

During the year the old vehicle which carried 12 mothers was replaced by a large vehicle which seats 16.

Clinic numbers continue to rise and a total of 18,893 pre school children were seen at child welfare sessions during the year.



Children with Congenital defects

The birth notification card has been modified to include information about congenital defects which are apparent at birth. The following congenital defects were notified to the Registrar General during 1965 :—

Defects of central nervous system	..	..	..	..	..	31	(38)
„ „ ear	..	..	..	..	..	1	(2)
„ „ eye	..	..	..	..	..	1	—
„ „ alimentary system	..	..	..	..	..	16	(19)
„ „ heart	..	..	..	..	..	20	(20)
„ „ urogenital system	..	..	..	..	..	15	(11)
„ „ limbs excluding talipes	..	..	..	..	..	16	(22)
„ „ Talipes	..	..	..	..	..	44	(50)
Other defects	..	..	..	..	..	9	(16)
						153	178

15 of these cases were still births. Cases notified in 1964 are in brackets.

At Risk List

The names and addresses of children who are particularly liable to develop defects on account of pre natal, intranatal or postnatal factors are placed on a register and watched very carefully so that any deviation from normal can be diagnosed at an early age. The child’s condition can then be investigated and extra help given to parents and child as soon as possible. There were 5,845 children on the at risk list at the end of the year.

Defect list

Children with known defects at the end of the year were as follows excluding Oldbury :—

Visual and eye defects	..	..	..	..	..	37
Hearing	„	..	..	..	..	14
Epilepsy	„	..	..	..	..	13
Speech	„	..	..	..	..	25
Diabetics	..	..	..	..	..	3
Physically handicapped	..	..	..	..	..	83
Cardio muscular defects	..	..	..	..	..	53
Mentally retarded	..	..	..	..	..	89
Other defects	..	..	..	..	..	37
						354

*Causes of stillbirths and infant deaths*

Cause	Stillbirths	Infant deaths			
		0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage .. ..	16	—	—	—	—
Maternal toxæmia .. ..	22	—	—	—	—
Placental insufficiency .. ..	22	—	—	—	—
Postmaturity .. ..	1	—	—	—	—
Birth trauma .. ..	6	8	—	1	—
Congenital abnormality ..	20	19	5	16	2
Rhesus incompatibility ..	5	4	—	—	—
Prematurity .. ..	1	56	3	—	—
Pulmonary conditions .. ..	1	6	—	6	3
Infections other than pulmonary	—	2	2	7	5
Malignant conditions .. ..	—	—	—	—	2
Accidents .. ..	—	—	1	3	9
Other known causes .. ..	6	1	—	1	3
Causes not known .. ..	21	—	—	—	—
	121 (129)	96 (119)	11 (5)	34 (46)	24 (20)

Figures for 1964 are in brackets.

*Report of work carried out by the Worcestershire Diocesan Association for Family and Social Service*

465 new cases were referred to the diocesan workers during the year. Of this number 304 were expectant mothers, 215 of whom came from the County area. The parents included 40 girls and seven boys under the age of 16 years.

65 girls were admitted to mother and baby homes, 58 of whom resided in the County and received help with their fees from the County Council.

Barsham House, Malvern, the diocesan mother and baby home, admitted 56 expectant mothers during the year, 21 of whom came from the Worcestershire County area.

*Family Planning Clinics*

The Family Planning Association holds sessions in County clinic premises in Kidderminster, Redditch and more recently in Bromsgrove. In addition some Worcestershire residents attend clinics in Worcester, Oldbury and Birmingham. Annual grants are made to these local associations.

*Marriage Guidance*

Grants were made to the Birmingham Marriage Guidance Council and to Worcester and Droitwich Marriage Guidance Council during the year.

*Antenatal Clinics*

There are no antenatal clinics run by the health department with a medical officer in attendance, but 638 midwives clinics were held during the year. In addition some midwives attend general practitioners' surgeries and hold a joint clinic session with them.

*Antenatal, Mothercraft and Relaxation Classes*

Three new classes opened during the year at Cradley, Pershore and Pedmore. Attendances at these sessions have been maintained with an increasing interest on the part of the expectant fathers.

*Attendances at Relaxation and Parentcraft Classes*

Clinic	New Cases		Attendances	
	1965	1964	1965	1964
Bromsgrove .. .. .	109	84	378	284
Cofton Common .. ..	66	41	211	136
Cradley (opened Nov.) ..	13	—	37	—
Droitwich .. .. .	78	78	300	253
Evesham .. .. .	150	139	508	513
Halesowen (Highfield Lane) ..	105	110	437	478
Halesowen (Blackheath) ..	47	40	212	171
Kidderminster .. ..	154	84	498	301
Lye .. .. .	66	65	279	261
Malvern .. .. .	120	125	505	564
Marlbrook .. .. .	18	26	85	109
Oldbury .. .. .	169	55	421	229
Pedmore .. .. .	12	—	28	—
Pershore .. .. .	19	—	75	—
Redditch .. .. .	152	146	813	1,136
Rubery .. .. .	63	55	325	436
Stourbridge .. .. .	176	267	742	711
Stourport .. .. .	72	43	315	154
Tenbury .. .. .	23	28	113	131
Wribbenhall .. .. .	29	30	123	117
Wythall .. .. .	43	32	156	104
Worcester City Clinic ..	47	37	202	191
Stourport H.M.C. .. ..	220	99	487	369

*Nurseries and Child Minders*

Local health authorities were required in circular 5/65 to send a report to the Ministry of Health on the administration of the Nurseries and Child Minders Regulation Act, 1948 in their area.

The following points were made in this report.

*Play Groups*

It is the policy of this authority to register play groups *i.e.* cases where the group is run on a non-profit making basis and three of the premises are registered for this purpose.

*Inspections*

All persons and premises registered are inspected approximately every six months by a medical officer, though for a newly started and inexperienced group the visits may be more frequent and for a well established group the interval may be longer. The local health visitor also calls once a term. Standards throughout the County have remained good and the only criticisms have been when the numbers of children present have exceeded the permitted number and when safety precautions have not been sufficiently strict. There is only a very small immigrant population in this area and problems have not yet arisen in this respect. Co-operation with members of the Health Department is, generally speaking, excellent and difficult children are often accepted into nursery groups at the request of the medical officer or health visitor. In this case a visit, while not made for the purpose of inspection, is nevertheless useful to keep information about the group up to date.

*Persons in Charge*

The majority of groups are run by trained nursery nurses or teachers or by persons who have had the experience in dealing with groups of young children. Often a new group will make contact with a similar group in a nearby neighbourhood and there has been a surprising amount of co-operation between groups. This has been fortunate, since there are only two nursery schools run by the education authority in this County so that distance has prevented much co-operation between their staff and any nursery groups.



### *Times of Opening*

The majority of groups are held mornings only and many open only two or three mornings weekly. Whole day care is offered for 93 children but approximately 40 of these places are rarely used.

### *Publicity to Ensure that Provisions of the Act with regard to Registration are widely known*

The health visitors are usually aware of child minders in their district and report unregistered cases. Posters are being circulated for showing in clinics and public places. It is felt that the need for registration is quite widely known and no case has been discovered recently where a group has started without prior consideration.

At the end of the year there were 20 persons and 20 premises registered.

### *Dental Treatment of Expectant and Nursing Mothers and Pre-school Children*

by C. W. D. Jones, Esq., B.D.S.

Acting Chief Dental Officer.

#### *Expectant and Nursing Mothers*

As in previous years, the number of expectant and nursing mothers requesting dental treatment from the County Dental Officers has continued to decline. Children on leaving school have been advised to make regular attendances to a General Dental Practitioner, who then of course, becomes responsible for their dental care.

It is worth noting that many of the mothers who attend and have their treatment completed before or soon after the child is born, request a further appointment for inspection and completion of any further treatment before the child is 12 months old. Unfortunately many of the mothers wish to continue having regular periodic inspection and treatment under the County Dental Service, and it has to be explained to them that under the regulations this is not permitted.

More and more efforts are being made in dental health education for these patients. Advice is being given on all aspects of dental health both for them and their young children.

#### *Pre-School Children*

There has been an increase of approximately 14% in the number of pre-school children being brought to the clinics for dental inspection and an increasing number being brought back for treatment.

Of the children inspected, many of them come showing good, healthy, well cared for mouths, requiring very minimal treatment. A re-call system is now being used and the child is seen at regular intervals so that the operative work is often only of a minor nature. This results in the child having a painless introduction to dentistry and visiting the dentist becomes a normal occurrence and not a "special occasion."

Unfortunately, a large number of young children have been brought for inspection displaying labial decay on their anterior teeth—this has been, in nearly all cases traced to a common factor—"Dinkie Feeders," the reservoir of which has been filled with a carbohydrate syrup, or a dummy which had been immersed in a similar product. So many of these cases have come to light that the Dental Officer, after examining the patient, can indicate to the mother that this type of comforter has been or is being used and they are invariably correct. These syrups have now been withdrawn from sale at the infant welfare clinics.

It is gratifying to note that while the number of children attending for treatment has risen, the number of teeth extracted has fallen and the number of fillings increased.

The death in November of Mr. B. D. Britten—Chief Dental Officer of Worcestershire County Council, was a great loss to the service in this County. He was deeply concerned in the dental health of the young children and their mothers and made it a rule that all his staff made special efforts in giving as much time and attention to these patients as was possible.

#### *Midwifery Service. (Section 23—National Health Service Act, 1946)*

Although the shortage of domiciliary midwives has been less acute than in the previous year, nevertheless difficulties have arisen from time to time. Discussion has taken place about schemes whereby midwives are kept more fully occupied during periods when they are on duty, in order to release them for longer periods when they are entirely free and need not be available on the telephone. The two main suggestions are :—



### (1) *Radio Contact*

A midwife has a car radio installed and patients and doctors are advised to call the ambulance control room for a midwife. A message can then be transmitted to whichever midwife in the area is free at the time. It has been decided to use four radio sets on loan in an experimental area, with a view to extending the scheme if it proves to be successful.

### (2) *Night Rota System*

Midwives are arranged in groups of six or seven and each takes her turn of being on night duty for a week at a time and also being second on call in turn. This ensures that for the remaining four or five weeks she is unlikely to receive any night calls. It is hoped to try this scheme in several areas early in the new year.

Domiciliary midwives attended 2,626 births during the year accounting for 31% of the total births in the County. 5,989 births took place in hospital of which 3,681 were discharged to the care of the domiciliary midwife before the 10th day.

### *Analgesia*

The domiciliary midwives are increasingly anxious to have trilene sets available for suitable cases and there are now 11 sets in this area. In addition an order has been placed for one of the new gas and oxygen machines which have recently been approved by the Central Midwives Board for the use of midwives.

### *Disposable Equipment*

As disposable equipment becomes cheaper it is being used more fully in domiciliary midwifery. Disposable syringes, catheters, face masks and caps have been available for domiciliary midwives in the County as required and disposable delivery gowns, linings and mucus extractors have been used experimentally during the last year.

### *Practising Midwives in the County*

46 hospital midwives, 10 private midwives and 112 domiciliary midwives notified their intention to practise in the County during the year.

### *Pupil Midwives*

Two pupil midwives did three months of their part II training in the district.

### *Premature births*

There were 499 premature live births and 63 premature stillbirths during the year. 73 babies were born alive but died before they were four weeks old.

### *Stillbirths*

There were 120 stillbirths during the year.

### *Maternal Deaths*

There was one maternal death due directly to pregnancy and one death which was associated with pregnancy.

The first occurred just after a caesarian section and was due to toxic myocarditis. The second was at the sixth month of pregnancy and was due to heart failure from old rheumatic cardiac fibrosis.

### *Health Visiting. (Section 24—National Health Service Act, 1946)*

During the year discussions took place about attaching health visitors to group practices and visits were arranged to other authorities who had commenced such schemes. After seeking the opinion of the general practitioners in the County it was decided to start a pilot scheme of four attachments in Bromsgrove in January, 1966.

This scheme will mean that the four health visitors will cease to visit patients in a geographical area but will visit patients on the list of the doctors in his practice. Although more time will be spent on travelling, it is hoped that the liaison will result in more co-operation between general practitioner and health visitor.

Circular 12/65 about ancillary help in local authorities was considered in relation to the health visiting services. In common with other authorities it is not possible to obtain the services of sufficient health visitors to carry out all the work fully. Therefore for work which does not require the experience of a fully qualified health visitor less highly trained staff must be used and clinical assistants who are trained nurses are used for this purpose. The health visitors could also be spared a good deal of clerical work and clerks are being used more extensively in the clinics.

### *Geriatric Health Visiting*

The County is now divided into six for this purpose each area having its own geriatric health visitor who acts as liaison officer between the hospital services, the general practitioners and the local Authority services. As the services for the elderly are increased so more cases of hardship come to light and this aspect of health visiting becomes increasingly important.

### *Health Visiting Staff at the end of the Year*

There was a total of 97 health visitors not engaged wholly on health visiting and four tuberculosis health visitors giving a wholetime equivalent of 47 and three respectively.

### *Home Nursing. (Section 25—National Health Service Act, 1946)*

Home nurses attended 8,454 patients during the year of whom 4,317 were 65 years of age or over.

Ministry of Health Circular 12/65 was considered in relation to the home nursing services and it was found that the ancillary staff are already used quite extensively to help the home nurses. Out of 127 staff, 20 were state enrolled nurses working under the supervision of state registered nurses and in addition 13 home nursing attendants are employed for undertaking weekly baths. There is also a County night sitting service.

### *Incontinence Pads*

Incontinence pads are now issued to nurses by clerical staff from eight centres in the County. They are available in two sizes and during the year 7,529 pads of standard size and 9,304 large pads were used.

Disposal is by means of burning in domestic fires and no problems have been encountered in this respect.

### *Marie Curie Assistance for Cancer Cases*

During the year assistance was given by the Marie Curie Foundation towards a night sitter in three cases and towards comforts in 10 cases.

### *Isobel Morcom Medal and Prize*

This award consisting of a beautiful medal and a cash prize, established by Col. R. K. Morcom in 1944, in memory of his wife was awarded for 1965 to Miss Janet Inglis, SRN, SCM, QN, who had been district nurse/midwife in Bewdley for 22 years.

### *Long Service Badges*

Long services badges were presented to 14 nurses by Mrs. Thelfall, President of the County Nursing Association.

### *County Nursing Association*

During the year the future of the County Nursing Association was under consideration and no annual general meeting was held. It was felt that the time had come for the Association to be wound up and for the Pension Fund Committee to become a body of self-perpetuating trustees to deal with the pension fund money. The Charity Commissioners agreed that the pension fund would remain charitable and were prepared to make a scheme on that basis.

A report would be made at the annual general meeting in 1966 when the County Nursing Association would be wound up and the County Nursing Association Pension Trustees would be appointed to administer the pension fund.

### *Nurses' Houses*

Full details are given in Table E of the accommodation that is at present being provided throughout the County for members of the nursing staff.

### *Training of Students from other Authorities*

Five Queen's students from Nottingham and six from Worcester City visited the County for rural experience.

Forty-two student nurses and fifteen pupil nurses from the Mid-Worcestershire Hospital Management Committee Training Centre spent a day on the district observing the work of the district nurse and health visitor.



### *Health Visitors and Queen's Training*

Two students were accepted for health visitors training at Birmingham and two at the Gloucestershire training course. Two nurses completed the Queen's District Training in recognised training homes and two undertook theoretical training at the Tything Institute, Worcester, and the practical on their own districts in the County. All four students were successful in the final examination and returned to work in the County.

### *Post Graduate Courses*

One administrative nursing officer, fifteen midwives, nine district nurses and nine health visitors attended courses during the year, all midwifery courses being the statutory ones required by the Central Midwives Board.

### *Annual County Refresher Course*

There were three afternoon meetings at the Shirehall, Worcester, on May 4th, 5th and 6th. All were well attended, the subjects under discussion being "Intra uterine devices," "Help for the Elderly," "Fits in Infancy," "Recent advances in the diagnosis and treatment of Deaf Children," "Mental Health in Adolescents" and "Some aspects of Radio Therapy."

### *Registration of Nursing Homes under Public Health Act, 1936 as Amended by the Nursing Homes Act, 1963*

The registration of one nursing home was withdrawn during the year leaving 12 registered homes with a total of 160 beds.

### *Cervical Cytology*

It is now fairly widely known by the General Public that it is possible to diagnose the very earliest stage of cancer of the cervix by a simple smear test. Moreover if the diagnosis is established early enough a cure can be assured.

There has therefore been a considerable public demand for the setting up of clinics to take smears but unfortunately pathological laboratories have not had enough specially trained technicians to be able to examine these smears. By the end of the year considerable progress had been made in the training of technicians and it was possible to make some definite plans for local authority clinics.

For South Worcestershire three clinic sessions a week were planned to be held in Worcester, to be shared between the City and the County and the first clinic opened in January, 1966. For Mid-Worcestershire it was hoped that the laboratory would be ready to receive specimens by June 1966 and then clinics would be opened in Kidderminster, Bromsgrove and Redditch. For North Worcestershire laboratory facilities would be available in April, 1966 and the clinics would be opened in Stourbridge and Halesowen.

### *Welfare Foods*

The distribution of welfare foods to expectant and nursing mothers and children under five years of age continued on similar lines to other years from 142 centres made up as follows :—

- 6 Offices manned by paid staff.
- 97 Clinics.
- 7 W.V.S. offices.
- 26 Shops.
- 6 Others.

The sale of Cod Liver Oil and Vitamin Tablets showed little fluctuation but National Dried Milk sales were 5 per cent down and Orange Juice sales up 11 per cent on the 1964 figures.

### *Home Help Service*

(Section 29—National Health Service Act, 1946)

Four whole-time and 434 part-time domestic helps were employed at the end of the year giving a total whole-time equivalent of 243.

Number of Cases for whom Helps were provided		Domestic Help Service Staff	
Types of cases	1965		1965
Maternity .. ..	451	Full-time ..	4
Chronic sick and Tuberculous .. ..	208	Part-time ..	434
Mentally Disordered ..	31	Total :.. ..	438
Others .. ..	251		
Aged 65 or over ..	2,726	Equivalent full-time helps	243
Totals : .. ..	3,667		

### *County Organiser's Report*

Miss Pollard—County Organiser of the W.V.S.  
Mrs. McKechnie, County W.V.S. Organiser for Home Helps

The Home Help Service has had a fairly smooth year of steady progress. Various changes of Organisers have occurred through illness or change of district, but we have always found someone to step into the breach and carry on.

However, we did feel, towards the end of 1965, that in view of the expansion of our activities in other forms of welfare work, we should have to relinquish this increasing service, a step that had already been taken in most other Counties. Therefore, we approached the County Council to start negotiations to take over this responsibility. This will be achieved sometime in 1966/67 and meantime we have given the assurance that the service will continue as before until such time as the County Council plans are ready to mature.

During 1965, we have had two meetings of Home Help Organisers, at the first of which Dr. Freeman Archer and Miss Kean discussed various administrative matters with the Organisers. The second meeting was to announce the change over and discuss ways and means with Dr. Pickup.

A new departure was the employment of two male Home Helps and this has proved very useful.

Transport problems have been eased by the provision of new autocycles ; reliable machines, especially in rural areas, are an essential factor in providing an adequate service and easing the work of valuable and devoted Home Helps.

Experiments with uniforms have produced an improvement in the quality and durability of coats and overalls.

Very good Training Courses for Home Helps have been arranged by the Health Department at Halesowen and Evesham—both well attended.

The recruitment of Home Helps has of course fluctuated over the County, particularly in rural areas during the summer months when seasonal land work is available, but no very great difficulties have been experienced.

As this is probably the last full report we shall make on the Home Help Service whilst W.V.S. is entirely responsible, may we say how much we have appreciated the confidence of the County Council in allowing us to carry on this very worthwhile service.



Vaccination and Immunisation

Smallpox Vaccination

The following table shows the number of children under 16 years of age in the County who were vaccinated, or re-vaccinated, against smallpox during the year :—

Age at date of vaccination	0—3 months	3—6 months	6—9 months	9—12 months	1 year	2—4 years	5—15 years	Total
Number vaccinated    ..    ..	109	207	149	292	3175	572	61	4565
Number re-vaccinated ..    ..	—	—	—	—	1	18	97	116

There were no cases of generalised vaccinia reported. Of the 4,565 primary vaccinations, 1,706 were given at County Council Clinics.

Diphtheria Immunisation

The new timetable of injections was introduced during the year. Oral poliomyelitis vaccine is given at the same time as the injections of triple antigen, starting at three months of age. A single reinforcing dose of triple and oral poliomyelitis vaccine is given at about eighteen months of age.

This has been well received and appears to be working well.

The following table shows the number of children, in age groups, who received primary or reinforcing injections of diphtheria antigen during the year :—

Children born in years	Completed Primary Course	Reinforcing doses
1965	2586	
1964	3761	666
1963	269	1277
1962	98	244
1958—61	297	4652
1950—1957	98	3550
TOTAL    ..	7109	10389

No cases of diphtheria were notified.

Whooping Cough Immunisation

The following table shows the number of children who have completed a primary course of pertussis vaccine, usually in combination with other vaccines, during the year :—

Year of Birth	Number of children
1965	2525
1964	3662
1963	247
1962	77
1958—61	86
1950—57	34
Total    ..	6631

*Tetanus Immunisation*

The following table shows the number of children who have received protection against tetanus during the year :—

Year of Birth	Primary course	Reinforcing doses
1965	2585	
1964	3755	667
1963	268	1270
1962	96	237
1958—61	352	3872
1950—57	155	1996
Total ..	7211	8042

*Poliomyelitis*

Sabin oral vaccine is available at Child Welfare Centres, School clinics and from most of the family doctors in the County. Reinforcing doses are given in County schools. Salk vaccine (by injection) is seldom requested but there are a few doctors who use a quadruple antigen, which they obtain on prescription, but not free under the National Health Service.

The following table shows the number of children who received primary courses and reinforcing doses during the year :—

Year of Birth	Primary course	Reinforcing doses
1965	2509	
1964	5315	317
1963	799	393
1962	283	173
1958—61	506	4701
1950—57	148	302
Total ..	9560	5886

No cases of poliomyelitis were notified during the year.

*Vaccination against Anthrax*

In accordance with the request made in the Ministry of Health Circular 19/65 dated 6th September, 1965, and after consultation with the Local Medical Committee, general medical practitioners practising in the County were invited to participate in arrangements for the vaccination against anthrax of patients on their medical lists. A supply of vaccine is maintained but the demand has been small.

*Vaccination against Measles*

Although measles vaccines are now available and may be obtained on prescription by medical practitioners to use for any of their patients, the present policy of the Ministry of Health is that it is premature to embark on any programme of general measles vaccination. This authority, therefore, has not made any arrangements in this direction.

*Medical Arrangements for Long Stay Immigrants*

Following Ministry of Health Circular 1/65 dated 4th January, 245 notifications were received during the year from medical officers at ports and airports of long stay immigrants giving destination addresses in the County. Arrangements were made for these persons to be contacted with a view to advising them on the health services and to persuading them to register with local general medical practitioners. In some cases follow up visits were required. 217 immigrants were contacted, the remaining 28 could not be traced, or had moved to another area. In the latter case the notifications were passed to the appropriate authority. It is of interest none of these immigrants have been notified as suffering from tuberculosis.



### *B.C.G. Vaccination*

The results of the 1965 programme and corresponding figures for previous years are given in the following table :—

	1965	1964	1963	1962	1961
No. of invitations issued . . . . .	6808	6611	6857	7354	7019
No. of consents received . . . . .	6174(90.7%)	6001(90.8%)	6021(87.8%)	6629(90.1%)	6258(89.2%)
No. of children tested	5739	5534	5535	5961	5385
No. of positive reactors	572(10.6%)	608(11.6%)	524(10.1%)	724(12.1%)	508(9.5%)
No. of negative reactors given B.C.G.	4837	4633	4652	5237	4877

The percentage of negative reactors was 89.4% compared with 88.4% in 1964.

### *Tuberculosis 1965*

Dr. R. B. Mayfield, Senior Consultant Chest Physician has given the following report :—

Table I shows the trend of notification and death rates of tuberculosis in the County during the past 40 years or so. The development of effective drug treatment has speeded the decline of these rates during the past fifteen years, and the death rate in 1965 is the lowest so far recorded.

The notification rate at 0.23 per 1,000 has not changed significantly during the past three years, and tuberculosis amongst immigrants, especially from Asia, still presents a problem, though a minor one as far as Worcestershire is concerned. In 1965 Asiatic immigrants contributed 18 new notifications, (17% of the total for the County). The corresponding figures for 1964 were 11 and 10.5%, and in 1963 they were 6 and 5.4%. Most of the Asiatic cases occur in Oldbury and Redditch. Indeed in Redditch in 1965 new Asiatic cases (5) outnumbered new native cases (3). Though these numbers may seem trivial they may be an omen for the future. Certainly this matter should be kept under constant review. At present the only local difficulty of note has been concerned with communication. Investigation of contacts and housing conditions are lengthy and exhausting exercises when health visitors and patients have no common language. It is still considered that chest x-ray examinations of immigrants on arrival in this country would be beneficial to all concerned, and only a very minor inconvenience to anyone.

We may well feel encouraged because tuberculosis is no longer one of the ‘ Captains of the Men of Death,’ but the time is now ripe for its final elimination.

### *Ambulance Service*

An active year has again been experienced by the ambulance service.

Taking the service as a whole, some 177,019 patients were conveyed by ambulance, hospital cars and hire cars, against 167,324 during 1964, an increase of 9,695, and the road miles covered were 1,184,909 as against 1,170,370 during 1964, an increase of 14,539.

*Ambulance :* The total number of persons conveyed by ambulance during the twelve months was 132,889 as against 131,339 during 1964, an increase of 1,550. Of this total, 26,021 children were conveyed to training centres, as compared with 29,600 during 1964, a reduction of 3,579, giving an average number of miles per person carried by ambulance of 5.5 as compared with 5.4 during 1964. The section 27 cases conveyed by the ambulance service did, in fact, show an overall increase of 5,129 on the previous year. It must be remembered that between 10 and 12 severely sub-normal children can be conveyed by one ambulance, as against comparable figures of two or three hospital accident cases, thus affecting the miles/patient ratio. The number of children conveyed by ambulance will continue to diminish as more and more hire transport is used, thus reducing demands of this nature on the ambulance service.



In spite of diligence on the part of all concerned, the average number of miles per patient will tend to increase in the coming years, due mainly to :—

- (a) The centralisation of hospital specialist services
- (b) Early discharges from short term hospitalisation
- (c) The reduction of ambulance transport for sub-normal children
- (d) The reduction of railway facilities

*Hospital and Hire Car Services :* In the case of the hospital car service, 26,961 patients were carried, as against 19,174 during 1964, an increase of 7,787 and the road miles covered were 290,320 as against 260,861 during 1964, an increase of 29,459.

In the case of hire cars, 17,169 patients were carried as against 16,811 during 1964, an increase of 358, and the road miles covered were 151,211 as against 199,339 during 1964, a reduction of 48,128.

It is pleasing to record a reduction in the average miles per case for Hospital cars, this being 10.7 as compared with 13.6 during 1964, and for hire cars this being 8.8 as compared with 11.8 during 1964. This reduction in miles per patient is due mainly to co-ordination of journeys by the central control.

We are most grateful to all the hospital car drivers who have rallied round so magnificently in order to maintain an efficient service, for it is a most useful auxiliary to the ambulance service. The numbers of drivers remain fairly constant but in some areas the hospital car service will welcome volunteers.

The ambulance service control with its radio communications, which is situated at the County Health Department, Worcester, was introduced three years ago and continues to work satisfactorily.

The amount of accommodation available in the control room is limited but it is hoped to increase this in due course.

It is very pleasing to be able to report that with the complete co-operation of all concerned, the new temporary Ambulance Station at Evesham was completed and put into operational use on 1st November 1965, in a building which has been leased from the General Post Office.

A permanent site is expected to be made available in the Evesham Re-Development Plan.

*New Ambulances :* In addition to the annual replacement programme, two single stretcher conversion ambulances were purchased. Extensive use has been made of these vehicles, due to the withdrawal of rail facilities which necessitates long distance stretcher cases being conveyed by these ambulances and they have proved to be a most suitable acquisition to the fleet.

The new M.5 motorway extension (Lydiat Ash to Quinton) was opened on the 19th November 1965. The total length of motorway now covered is 27 miles.

The number of cases attended by the City and County ambulance services for this stretch of motorway was 86. There were 10 fatalities, of which six died in hospital after being admitted.

The training of peacetime ambulance personnel was continued, resulting in better methods and understanding of the handling of patients and ambulance equipment throughout the entire County.

*Worcester City and District Voluntary Ambulance Service :*

This station is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County local authorities and the County Ambulance Officer, who is also the Ambulance Officer for this Voluntary Committee, reports that during the year 7,117 County cases were conveyed, giving a total of 45,419 miles, compared with 7,140 cases and 46,133 miles for 1964.

Close liaison and co-operation has been practised between the voluntary committee and the county ambulance control to eliminate wasted mileage and journeys.

It must be remembered that a considerable number of volunteers from both the St. John Ambulance Brigade and the British Red Cross Society did attend at the ambulance station at Worcester and to them, we are grateful for all the assistance that has been so freely given.

Throughout the year there have been very few volunteers actually undertaking duties at any of the other County stations and although it was possible to arrange escorts for patients travelling by rail, in some instances difficulty was experienced at times.

### *Civil Defence—Ambulance and First Aid Section :*

The number of volunteers remain at a steady level of 201.

During the year, training classes were held—four standard, eight advanced, 10 First Aid, 20 First Aid classes to other sections and one other, making a total of 43 classes, which is double the number of classes held during the previous year.

### *Advanced Tests :*

Three tests were held in June. 19 volunteers passed, 14 failed. Of those who failed, some are taking the next advanced test scheduled for April 1966, together with approximately 30 other volunteers sitting for the first time.

There were no major exercises during this period but the ambulance and first aid section joined Staffordshire forces in a casualty evacuation exercise in April.

A weekend training course for this section was held at Leek in Staffordshire on 16th/17th October. 30 members from Worcestershire plus 20 from Herefordshire took part and the feeding was arranged by the Worcestershire welfare section. The accommodation was provided by the Army Weekend Training Camp at Leek and a casualty removal exercise was held in and around the Camp training area.

There were also a number of minor section exercises in accordance with the advanced training syllabus.

Mr. F. Ballard was appointed as ambulance/first aid section wholetime instructor, commencing duty on 1st September.

The training officer and wholetime instructor were responsible for the ambulance and first aid section training at the annual regional Civil Defence camp, which was held at Moreton-in-Marsh in September. This was a highly successful camp, the theme being on training memorandum No. 8.

The Authority now holds 8 C.D. training ambulances and two personnel and equipment vehicles.

### *Occupational Therapy*

In April we were delighted when Miss Young rejoined the staff and it did mean that the occupational therapy domiciliary service was again able to expand.

A total of 140 patients were seen during the year and 2,142 visits were made. Of the patients seen many suffered from diseases of the chest in various forms. Other patients mostly had either arthritis or disease of the central nervous system.

At the end of the year the service had yet another severe setback when it was learned that Miss Stott who had been on the staff for a number of years tendered her resignation to take up a more senior post in Northern Ireland.

### *Convalescence*

During the year a total of 322 cases (242 females, 80 males) supported by a medical certificate were referred for periods of convalescence. Of this number, 240 patients were eligible under the scheme and proceeded on convalescence to various homes, the average stay for each being two weeks. The remaining 82 patients were fully investigated and although the financial circumstances of some were such that the County Council could not accept responsibility, it was possible in many instances to make arrangements with a number of Societies who have convalescent schemes for a Holiday.

The admission rate to the various homes has remained constant and comparable with previous years. The general practitioners throughout the County freely make recommendations for deserving cases to have the advantage of this scheme and from the number of letters received the arrangements made are appreciated.

We have the fullest possible co-operation with the convalescent homes and only where a ground floor room is required is there a delay.



### *Medical Comforts*

During the past year the British Red Cross Society and the St. John Ambulance Brigade have maintained their service at the various depots throughout the county. The part played by these voluntary organisations is much appreciated and we do extend to them our very grateful thanks.

A start has been made on modernising much of the equipment in the county and the policy, including some standardisation, will continue over a number of years. It will in the long term lead to increased efficiency with superior type apparatus for the benefit of all concerned.

The demand for medical comforts continues to increase, particularly with regard to walking aids, and a considerable amount of new equipment has been purchased to meet the need. The expansion of the geriatric services has made its mark on the supply and demand of aids in general.

### *Chiropody Service*

The service has continued unchanged during 1965, there being only a small increase in the number of new cases referred compared with the previous year.

The number of treatments given under the directly provided County Service has increased from 2,121 in 1960 (nine months) to 11,053 in 1965. The total number of cases referred since the start of the scheme is 3,861.

During 1965 the service was being given at 16 clinics or hired premises throughout the county and in private surgeries in five areas.

The number of new cases referred during the year was 770 of which for one reason or another 42 did not accept an appointment ; there were 25 cases on the waiting list at the end of the year.

Treatments given during the year numbered 11,053 of which 6,490 were at clinics, 2,972 at home and 1,591 at chiropodists' own surgeries. The number of treatments in 1964 was 9,334.

The number of persons who received treatment was 2,540 of whom 80.5% were female and 19.5% male. The largest number of patients, as in 1964, comes within the age group 70—80. Transport was provided in 265 cases (10.4%) and home visits were made in 685 cases (26.9%). In 550 cases (21.6%) the treatment was given without charge. Two expectant mothers were treated during the year ; the number of handicapped persons under pensionable age was 68 (2.6%) but of the persons over pensionable age 568 were known to be also handicapped. Treatment is ordinarily restricted to once every eight weeks but on the recommendation of the chiropodist treatment at more frequent intervals was given in 170 cases while in 258 cases treatment at intervals of longer than eight weeks was thought by the chiropodist to be all that was necessary.

Compared with the figures for last year there has been a slight increase in the percentage of cases in which transport to the clinic is provided but no change in the percentage of cases requiring domiciliary visits.

Under a scheme of delegation of health and welfare functions Oldbury Borough Council are responsible for the chiropody service in their area. The number of treatments given during the year was 2,418 of which 1,106 were at clinics and 1,312 at surgeries.

The voluntary organisations to which grants are made—the British Red Cross Society and the W.V.S.—together provide a service giving about 1,000 treatments per annum.

### *Report by Mr. H. D. Price, M.Ch.S., S.R.Ch., Chief Chiropodist*

It has been obvious during the past year that many cases are referred for treatment “ willy-nilly ” and whilst routine attention to the feet may be necessary for blind, crippled or elderly people it is felt that a more precise selection of patients would be necessary if only to ensure that Local Health Authority finances are used where the need is greatest—particularly for those people of all ages suffering from congenital or acquired deformities and the results of diseases for which chiropody treatment is essential.



The service for physically handicapped is developing—albeit slowly—and two cases in particular come to mind which illustrate how co-operation between different services can ensure the well being of patients :—

*Case 1* A young man in his twenties was referred for a severe corn on the small toe which was continually supurating.

This young man had an hereditary condition of Pes Cavus with severe clawing of toes and contraction of tendons.

The provision of proper shoes by a Hospital Department and the supply of a temporary appliance by the chiropodist ensured a satisfactory result for this patient.

*Case 2* Male 50, referred by the physiotherapist—haemiplegic who experienced great difficulty in walking.

After a period of “ trial and error ” a suitable support was provided which has greatly assisted the “ rehabilitation ” of this patient.

Prevention is better than cure and it is hoped that eventually it may be possible for a School Foot Health Service to be instituted which would provide for the routine foot examination to discover and treat foot defects and to prevent the development of acquired foot defects by advice and education.

### *Health Education*

None of the provisions of the Cohen report on Health Education on which I commented last year has yet been adopted by the Ministry of Health. One recommendation was that the Health Education Officer should be assisted by sufficient staff, and in March 1964, Miss L. Mee, a Senior Nursing Officer, was transferred to the Health Education Section to help with the growing number of requests for talks from schools, and other organisations. Clerical assistance has been increased, and a part-time driver/handyman made available mainly for film projection duties at the Clinics.

#### *Training*

Miss Mee and Miss M. Hill, Health Visitors, attended the 10 day Summer School conducted by the Central Council for Health Education. This is an extremely useful course and all who have attended in the past have acknowledged the benefit.

The Health Education Officer took part in a Dental Health Education Seminar in London.

Health Education staff participated in several meetings and training courses, in particular nursing staff meetings, and home help courses.

#### *Material and Equipment*

The film and filmstrip library has been considerably augmented, and necessitated the issue of a new catalogue which has been widely distributed. Two 16 m.m. films, on venereal disease and home safety, were purchased, whilst the number of filmstrips now totals 175. Up to 100 of our filmstrips per month are used in Clinics and Schools.

A second 16 m.m. Bell and Howell projector and a Kershaw Daylight filmstrip projector were obtained. These improved projectors allow the use of film material in situations where blackout facilities are far from ideal, which is all too frequent.

Posters, leaflets, and other literature have been supplied as usual to Clinics. The number of new posters available from the normal sources is insufficient, and some local authorities employ an artist to produce their own. The main advantages are that posters relative to the needs with a local flavour can be designed, and improved display material for use in Clinics, Shows and public libraries, can be set up.

#### *Health Education Activities*

##### *Parentcraft*

This continues as the main regular activity and classes at the Ante-Natal Clinics are generally well attended. A course on average extends over 9 or 10 sessions, the usual topics being introduced by the Health Visitor, who then leads the class in a discussion session. In one Clinic, the subject “ Sex Education for Parents ” was included experimentally with apparent success, as repeat sessions have now been requested. Evening meetings to which expectant fathers can accompany their wives have been encouraged and appreciated.

Health Education talks and demonstrations during Child Welfare Clinics are difficult to give. The continual movement of those attending, the weighing and welfare food operations, allow a situation by no means ideal for a formal session. Certain subjects such as children's shoes and emergency resuscitation can be demonstrated during the course of the session, or a short film may be used, and this is done whenever possible. The best method however, is to allocate a session, once a month, purely for health education. Mothers' Clubs, or better still Parents' Clubs, have been established in some areas for many years. Halesowen now have a monthly Health Education session in the new Clinic during 1965, and it has been well attended.

*Home Safety*

Late in the year the Royal Society for the Prevention of Accidents circulated proposals for the setting up of Area Home Safety Groups, Worcestershire being included in the Midland area group of five Counties. The Area Group Council would be made up of representatives from all local authorities, from administrative County to Rural district level, and the Area Group Council would in turn select representatives for the National Home Safety Committee.

The County Council is at present represented on the Worcester City and County Home Safety Committee. This type of Committee, embracing all local authorities within the County, is unusual in the national picture, as most Borough and District authorities have their own Home Safety Committee, or Accident Prevention Council. This is R.O.S.P.A.'s aim, and quite how the City and County Committee will fit in has not yet been resolved. One local Home Safety Committee at Halesowen was established during the year, and although some home safety activities are carried out by other district councils, much more could be done.

The need for greater effort is evident. The number of deaths each year due to accidents in and around the home exceeds the number of deaths due to the more publicised road accidents. So many deaths from either cause are preventable. Concerted pressure on industry to reduce the accident risks of their manufactures and buildings, and public education are parallel requirements of home and road safety activities. An analysis of 83 reports of accidents in this County, to children under the age of five years, suggests that all could, and should have been prevented. A possible exception was that of a two year old girl who, with apparent relish, ate a perfumed lavatory block which she found at a convenient height under the rim of the pan.

Those engaged in Health Education work, particularly the Health Visitors, do as much as they can through talks, demonstrations, and home visiting, but more effort is needed to protect those especially at risk, *i.e.* the young and the old.

*Smoking and Health*

The 1964/65 campaign was directed at School children.

The campaign in schools, which commenced in Autumn 1964, continued through to the end of the school year. Details of the work carried out are as follows :—

	<i>No. of Schools</i>	<i>No. of Children</i>
Primary .. .. .	30	1352
Secondary Modern .. .. .	14	2315
Grammar .. .. .	2	380
Colleges F.E. .. .. .	1	270
	—	—
	47	4317
	—	—

The Health Education Officer gave 112 talks in connection with these figures. At the completion of the campaign for the school year 1964/65, he had lectured to nearly 12,000 children at 82 schools.

Evaluation is difficult. The national, indeed world-wide propaganda on the association between cigarette smoking and lung cancer has resulted in little, if any, reduction in tobacco consumption. Research into more effective educational techniques proceeds ; in the meantime, the increasing evidence of the dangers to health will continue to be passed to school children in a further campaign to commence in 1966.

One little success story. Two children so dramatically recounted their lesson at the family tea-table that their fathers gave up smoking there and then.



*School Lectures*

During the year, Health Visitors gave 295 talks. The Health Education Officer gave 50 talks in addition to the 112 on Smoking, and the Nursing Officer (Health Education) gave 42.

*Venereal Disease*

The ignorance of young people of the true nature of venereal disease was emphasised in the publication of the Schofield report. This had become apparent to the Health Education Officer, who in sessions with Youth Leaders and Club Members, found that any discussion on sexual relationships inevitably brought out questions on venereal disease. The 16 m.m. film ‘ A Quarter Million Teenagers ’ was purchased after pre-view and discussions with Medical Officers, Youth Officers, Marriage Guidance personnel, School Teachers and Health Education Staff. The film is being used to an increasing extent, and the co-operation of all who work with young people should ensure that correct instruction reaches a wider audience than hitherto.

*School Health Report*

*Health Education*

The Report on Health Education by the Cohen Committee, briefly reviewed in last year’s report, had not been adopted by the Minister of Health by the end of 1965. The recommendations made in the Report, however, indicate the form health education is likely to take in the future, and in relation to schools are generally in line with certain recommendations of education reports such as Newsom.

*Secondary Schools*

School health education should aim to give the child knowledge to equip him to face the social and health problems of adolescence and adulthood. This is being achieved to an increasing extent through final year courses conducted by Head Teachers and sympathetic staff with assistance in varying degrees from ‘ outside ’ bodies, such as the Health Department and Marriage Guidance Council. Medical Officers, Health Education Officers, and in particular, Health Visitors, have participated in these courses, which may be associated with external certificates following the prepared syllabus of the Red Cross Society, St. John Ambulance Association or Duke of Edinburgh Scheme, or more frequently, arranged by the Head Teacher, in consultation with Health Department officers, as part of the school programme. Five County Secondary Schools have courses involving weekly talks throughout the year, whilst seven schools have had short courses on various subjects such as Child Care, Foot Health, and Sex Education. Two courses for Domestic Science Students at a further Education College were completed.

To help Head Teachers who plan health education in their schools, a catalogue of films, filmstrips, and other teaching aids, obtainable on loan from the Health Education section, has been produced and distributed.

*Primary Schools*

Regular courses on health and hygiene have been carried out at five schools. At this level, the most effective Health education is done by the enthusiastic class teacher, but these courses, given by the School Nurse, supply welcome reinforcement.

*Special Schools*

The programme for children of limited intelligence were detailed in my 1964 report, and have continued on similar lines during 1965.

*Teacher Training Colleges*

Occasional lectures have been given at two Colleges. At one College a course of eight Health Education lectures has been arranged for Easter Term, 1966.

*Talks*

The recorded number of health education talks given during the year were

	<i>In Clinics Parentcraft</i>	<i>Colleges and Schools</i>	<i>To Other* Groups</i>
Health Visitors . . . . .	383	295	137
Health Education Officers (1) . . . . .	41	162	20
„ „ „ (2) . . . . .	40	43	31
	464	500	188

\* Includes talks to Red Cross and St. John Groups, Women’s Institutes, Young Wives’ Groups, Youth Clubs.



## *Mental Health Service*

### *1. Administration*

#### *(a) Committee*

The County Council's powers in relation to mental health continued to remain delegated to the Mental Health Sub-Committee. The Medical Superintendents of the Hospitals for the Mentally Disordered in Worcestershire continued to attend the meetings of the Sub-Committee in an advisory capacity. Since the last report the Sub-Committee has suffered a great loss with the death in January 1965 of Mr. J. W. Bright, who had been Chairman since the formation of the Committee in 1948.

#### *(b) Co-ordination with the Regional Hospital Board*

There is close co-operation with the Council's Officers and the Birmingham Regional Hospital Board and its Officers. Patients on leave from hospital are visited and supervised by the Council's Officers on behalf of the various Hospital Management Committees. There is close contact between the Officers and the Medical and Social Work Staff of the local Psychiatric Hospitals and regular weekly meetings are held at the hospitals at which Officers attend. The Council's Officers take an increasingly larger share in the social work necessary consequent on the discharge of patients from hospital.

A good example of the co-operation which exists between the Regional Hospital Board, the Hospital Management Committees and the Local Health Authority, was the establishment during the year of a small Psychiatric Rehabilitation Hostel in the grounds of Barnsley Hall Hospital. The Hospital provides the accommodation, staff and services whilst the Local Health Authority has undertaken to bear any maintenance costs in excess of that which would normally be contributed by the individual residents. The Hostel receives its residents from the main hospital and these consist of those recovered patients who require rehabilitation but are fit enough to undertake employment in the community. The residents are therefore provided with a private, non-hospital address, from which they go out to work each day and enjoy all the other advantages of living in the community as opposed to living in the sheltered atmosphere of the Hospital.

Dr. Patterson of Lea Hospital commenced holding a clinic in November 1964 one morning per month in the Council's Clinic in Castle Street, Worcester, to see subnormal children and their parents by appointment. The clinic has continued monthly during 1965 and has proved to be both successful and very helpful.

### *2. Staff*

#### *(a) General*

The staff of the Service consists of a lay Administrative Mental Health Officer, one Administrative Assistant, six Senior District Mental Welfare Officers, six District Mental Welfare Officers and two female Mental Welfare Officers. There is a vacancy for one female Mental Welfare Officer in the South of the County. There are thirty-three Mental Health Workers employed at the five Training Centres in the County. Difficulties are still being experienced in recruiting persons of the right calibre to act as Mental Welfare Officers and Training Centre Staff. Despite repeated advertisements the vacancy for the female Mental Welfare Officer for the South of the County has remained unfilled since September.

#### *(b) Training*

Staff are released from duty to attend at appropriate Training Conferences and Courses whenever possible. The two Trainee Mental Welfare Officers seconded to the Courses in Social Work Training leading to the Certificate in Social Work, successfully completed their Courses in July and were duly promoted to take their share in the full range of duties. An increasing number of these courses are now becoming available and this, it is hoped, will eventually ease the present difficult recruiting problems.

The Medical Superintendents of the Psychiatric Hospitals in the County continue to help with the training of the Mental Welfare Officers. The regular weekly meetings and clinical demonstrations at the Hospitals continue and the Council Staff have the benefit of attending whenever appropriate Training Courses are held for the Hospital Staff. This system of training is very satisfactory and I should like to express my grateful thanks to the Medical Superintendents and their staffs. So far as Training Centre staff is concerned, the Council encourages all the Trainees to apply for the appropriate Diploma Course and continue to send away staff each year. Two year courses have now been introduced by the National Association for Mental Health. In 1965, two members of Training Centre Staff successfully completed one year courses. Two further members of staff commenced attendance at Training Courses, one for a two year course and the other for a one year course. A further member of staff will attend a one year course in January 1966.

3. *Community Work.*

The emphasis now is on work within the community and Officers have found this work greatly expanded. Details are given under the various headings.

4. *Care of the Mentally Ill*

(a) *Admissions*

In 1965 there were 1,388 admissions to Psychiatric Hospitals in the County, 1,102 of these were admitted as informal patients and 286 were detained for observation and treatment under the appropriate section of the Mental Health Act 1959. Discharges totalled 1,203 whilst 147 deaths occurred at the hospitals.

The number of admissions is more than in the preceding year (1,284), informal admissions comprising approximately 80% of all admissions.

(b) *Care and After-Care*

After-care in connection with mental illness is carried out by all the Mental Welfare Officers. The volume of the work has continued to increase and the social aspect of the Officer's work now far overshadows their statutory duty. The Officers aim to provide a continuity of service by association with their patients before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table :—

<i>Referrals</i>					1965	1964
All sources	..	..	..	..	2036	1560

*Visits*

After-care of Mentally ill	..	..	..	9525	7665
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Since 1959, when integration of the Mental Welfare Officers and the Social Work Staff of the Hospitals was first mooted, great strides have been made in providing a continuity of service for those who are mentally ill. Integration by this time is virtually complete and is kept constantly under review so as to achieve greater efficiency and a greater benefit to the patient.

5. *Care of the Severely Subnormal*

(a) *Cases and Hospital Care*

Severely subnormal patients continue to be reported in accordance with the usual methods of notification. 66 new cases were reported during 1965. 37 of these were reported under the provisions of the Education Act 1944, and 29 from other sources. Of the 66 cases, 10 were admitted to hospitals and the remainder were placed under supervision. In addition, 27 patients on the waiting list were admitted to hospitals, making a total for the year of 37 admissions.

582 Worcestershire patients were in hospital throughout the country at the end of the year. On the waiting list for admissions at the end of the year were 53 patients, of whom 19 were regarded as urgent. 6 patients were discharged from hospital and 3 deaths took place during the year.

Applications for admission for temporary periods were again received and 38 patients were received into hospital so that parents and relatives could have holidays or a respite from caring for the patients. Dr. Patterson of Lea Hospital has again been most helpful in providing accommodation for the majority of the applicants, quite often at very short notice.

Permanent admissions to hospitals of severely subnormal patients are, for the most part, carried out informally.

(b) *Guardianship and Supervision*

Patients under Guardianship at the end of the year numbered four, of whom one was resident outside the County, and was supervised by another Authority as agent of the County Council. All such cases are visited by both medical and lay staff as required. The number of severely subnormal persons under supervision at the end of the year was 778. Patients continue to be reviewed and whenever the circumstances permit are deleted from the supervision list. During 1965, 12 such cases were deleted from the list, whilst 11 patients died. The Mental Welfare Officers, both male and female, and the health visitors continue to visit the severely subnormal in the community (Supervision, Guardianship and Leave of Absence). The male officers supervise the male severely subnormal, the female officers the female severely subnormal over the age of five years, and the health visitors supervise all severely subnormal under the age of five years.



	1965	1964
Supervisory visits to the subnormal . . . . .	3048	2990

(c) *Voluntary Associations*

The various Voluntary Welfare Committees continue to work with the appropriate Training Centre in their locality.

(d) *Training and Training Centres*

At the end of 1965, 276 severely subnormal patients were receiving training. 23 Worcester City cases continued to attend at the Worcester Junior Training Centre and one Warwickshire case at the Redditch Adult Training Centre.

Children at the training centres have been given outings to Pantomimes by their respective Welfare Committees whilst services and Christmas parties were also held at the Centres.

Increased use has been made of transport other than ambulances during the year, *i.e.* small coaches, taxis, and private arrangements with parents.

Building is proceeding on the Council's Junior Training Centre, Adult Training Centre, and Junior Hostel at Kidderminster, and it is anticipated that the accommodation will be available in Mid-Summer 1966.

Redditch Adult Training Centre has now been operating for just over a year and a variety of outwork is being undertaken for local firms. The Adult patients living in the Droitwich area and attending the Worcester City Perryfields Adult Training Centre were transferred to Redditch in September. Adult patients in the Evesham area commenced attendance at Redditch Adult Training Centre in March.

Premises for a temporary Centre in Evesham were obtained during the year and arrangements have been made for a small number of patients to commence attendance in January 1966.

*Environmental Health Services*

by

R. Colenso, M.R.S.H., M.I.P.H.E., A.Inst.S.P., M.A.P.H.I.  
County Public Health Inspector

*Milk and Dairies Administration*

*Milk (Special Designation) Regulations 1963*

New amending regulations came into force in October. The main alteration to the above named Regulations was to introduce a new special designation " Ultra Heat Treated." This is milk which has been heat treated to not less than 270°F. for not less than one second. It is probable that no such designated milk will be on sale in the County for a year or more. In time, however, this type of milk must become very common as the process enables milk to be stored for long periods at ordinary temperatures. A daily milk delivery may then become a thing of the past.

The number of pasteurising dairies licensed by the County Council fell to two during the year. This is in line with the general contraction of the milk industry into larger units.

The first five year period, in which county councils became responsible for the licensing of milk dealers, came to an end by the close of the year. There is no doubt that this provision has reduced the amount of administrative difficulties which existed prior to this period. A retailer now no longer needs to hold an annual licence for each area in which he sells milk. Registration of premises is still done by the local authority. It would appear to be logical for the registration of all retailers also to be either under the control of the Food and Drug Authority or that this particular requirement should be abolished. Fourteen new licences were issued during 1965.

Three samples of pasteurised milk failed to pass the phosphatase test. Though the milk had been pasteurised by dairies outside the County, investigation was guided by officers from this County and the causes for the failures appear to have been found.



Only nine samples of pasteurised milk failed to pass the methylene blue test. These samples came mainly from one dairy which supplied school milk. After detailed investigation at this dairy, again outside the administration of the County Council, the cause for these failures was discovered.

Most of the raw milk being retailed, though only a very small proportion of the total retail sales of milk in the County, was sold by producer-retailers (35). Thirteen samples of this raw milk failed to pass the methylene blue test. Where the retailer is also the producer the matter is referred to the Ministry of Agriculture, Fisheries and Food office in Worcester. Other failures, from producers coming into the County, were referred to the appropriate offices.

Pasteurised Milk

Place of collection		No. taken		Phosphatase Test		Methylene Blue Test		
				Pass	Fail	Pass	Fail	Void
Schools ..	A	—	—	—	—	—	—	—
	B	318	318	316	2	299	7	12
	C			316	2	299	7	12
Children's Homes ..	A	—	—	—	—	—	—	—
	B	7	7	7	—	7	—	—
	C			7	—	7	—	—
Old People's Homes	A	—	—	—	—	—	—	—
	B	18	18	18	—	18	—	—
	C			18	—	18	—	—
Hospitals ..	A	—	—	—	—	—	—	—
	B	18	18	18	—	17	—	1
	C			18	—	17	—	1
Dairies ..	A	141	—	141	—	118	—	10
	B	—	—	—	—	—	—	—
	C			141	—	118	—	10
Vending Machines, Shops and Roundsmen	A	—	—	—	—	—	—	—
	B	801	801	800	1	635	2	78
	C			800	1	635	2	78
Totals ..	A	141	—	141	—	118	—	10
	B	1162	—	1159	3	976	9	91
	C			1303	3	1094	9	101

- A. Milk processed at plants licensed by the Worcestershire County Council and delivered direct to the consumer by the licence holders.
- B. Milk processed at plants licensed by Worcestershire County Council but delivered to consumers by distributors (also includes milk processed at plants licensed by other Authorities).
- C. Total samples.

Milk in Schools Scheme

The following table shows the grade of milk supplied to schools under this scheme :—

Grade	No. of schools supplied	
	L.E.A.	Private
Pasteurised ..	231	51
Untreated ..	—	1

One private school still continues to consume raw milk though for a time pasteurised milk was supplied. Frequent sampling is carried out of this milk. Apart from a certain difficulty on the methylene blue standards this milk has proved satisfactory.

A census taken in 1965 showed that 49,102 children were taking milk out of 61,962 present on the day of the census. This is 79.2% compared with 80.9% in the previous year.

The number of pupils taking milk at the 52 private schools was 6,409 out of 6,919 or 92.6%.

Antibiotics in Milk

During 1965, 294 samples of milk were examined for the presence of antibiotics. Of these, seven were found to be so contaminated. This represents 2.3% of the whole and compares favourably with the then low of 3.5% for 1964. Towards the end of 1965 the Milk Marketing Board instituted its own testing scheme at the receiving dairies. This, together with the exercise of greater care by the farmers, has had a beneficial effect on the results.

It is interesting to report that one sample of pasteurised milk in a bottle was found still to contain penicillin even though it had been heated and mixed with a large quantity of milk in the dairy.

Myco Tuberculosis

The anticipated welcome lack of positive results in the examination of milk for myco tuberculosis was repeated this year. It is probable that there is now a greater risk of animals contracting this disease from humans, rather than *vice versa*. Such cases of tuberculosis which may occur amongst farm stock are usually found amongst pigs and are generally of avian origin.

Brucellosis

During 1965, 517 samples of milk or cream were examined for brucellosis. The following table shows the total of samples and results for the last five years :—

Year	No. of samples examined	No. Negative	No. Positive	Test Void
1961	313	306	7 (2.2 %)	—
1962	169	168	1 (0.59 %)	—
1963	380	363	17 (4.5 %)	—
1964	448	424	11 (2.5 %)	13
1965	517	470	27 (5.22 %)	20

In cases where the milk is retailed raw a “ stoppage notice ” is usually placed upon the retail sale of milk from the farm until an investigation discloses which animal is infected. Such an investigation may be prolonged over several months. This is due to the intermittent nature of the disease and to the delay before biological results are received on the individual milk samples.

Assistance in discovering which animals are infected is always offered to farmers, even where the milk goes for pasteurisation. It is thought that this provides a public health service to him and to his family and farm workers. It is also a step in the eradication of the disease within the County. Until the Ministry of Agriculture operates a full scale eradication scheme such steps cannot expect fully to succeed.

Rickettsia Burneti

Organisms of Rickettsia Burneti or Q. Fever continued to be found in some of the samples of raw milk examined at the Public Health Laboratory. Certain areas, particularly in the vicinity of Malvern and Evesham, appeared to have an undue proportion of positive results.

Though more resistant than most pathogenic organisms to the effect of heat treatment, efficient pasteurisation, nevertheless, makes such milk safe. Not a considerable amount is known about the transmission of this disease but it is to be wondered that, with such a reservoir of infection amongst the herds of the County, no human case has yet been reported.

The following are the percentages of positive samples taken by the County Council during the last five years :—

1961— 7.7 %  
1962— 2.8 %  
1963—12.7 %  
1964— 8.4 %  
1965— 9.4 %



Given below are the percentages of positive results taken by Worcestershire authorities :—

<i>W.C.C.</i>	<i>Stourbridge</i>	<i>Malvern</i>
82 (9.4 %)	18 (36 %)	7 (63 %)

The numbers, in local authority districts, are as follows :—

<i>District</i>	<i>No. Positive</i>	<i>District</i>	<i>No. Positive</i>
Malvern	10	Tenbury	7
Martley	9	Bromsgrove	4
Upton-on-Severn	4	Stourport	2
Pershore	4	Bewdley	4
Evesham	14	Redditch	7
Droitwich	15	Halesowen	2
			—
			82

*Dairy Farms*

The number of dairy farms in the County again showed a reduction to 889. This is the lowest recorded total, even though this figure now includes those few farms which had not been licensed prior to October, 1964.

The Worcestershire Milk Sub-Committee of the Ministry of Agriculture continued to meet regularly. Its agenda includes matter involved in the registration or licensing of dairy farms. Its members are drawn from farmers’ representatives, local authorities and dairy interests ; officers from the Milk Marketing Board, the Ministry of Agriculture and of the County Council also sit on the Committee.

The Ministry of Agriculture has been operating the regulations dealing mainly with the production of milk since it took over from County Councils in 1949. It would appear that the farmers are generally satisfied with the way the regulations are applied.

*Milk Bottles*

*Cleanliness of milk bottles used in all dairies where licences had been issued*

Total	Sterile	No. of colonies developing on Agar at 37°C. in two days				Bacillus Coli present
		Less than 100	100—600	600—2000	over 2000	
103	14	47	38	3	1	—

0— 600 Colonies Satisfactory  
600—2000     ,,   Fairly Satisfactory  
Over 2000     ,,   Unsatisfactory

No dairy firm in the County during the year started to provide milk by normal delivery in non-returnable containers. No doubt this will come in time but so far the bottle has a cost advantage.

*Churn Rinses*

Sixty-six churn rinses were taken from five dairies. Of these, seven were unsatisfactory. In each case the offending churn had been one out of a batch and the result had not been repeated at that dairy.

*Cream*

A total of 147 samples of cream were taken for bacteriological examination. On the Public Health Laboratory Service non-statutory standards, 55 gave satisfactory methylene blue results, 31 fairly satisfactory and 61 unsatisfactory results. 141 samples passed the phosphatase test. Of the samples which did not pass this latter test only one would have been expected to do so, as it had been pasteurised.

During 1964 and 1965 some five hundred samples of cream have been taken. The intention has been that the results should form the basis for a technical paper on “ Bacteriological standards for cream.” It is hoped that this will be published in 1966 in time to influence the Ministry of Agriculture working party on hygienic standards for cream.



## *Water Supplies and Sewerage*

### *Fluoridation*

The City of Birmingham continued to add measured amounts of sodium silico-fluoride to its Elan water supply. As part of this supply reaches some areas of Worcestershire, certain of the County's population have been benefiting for more than twelve months from the injection into the water being supplied in their districts. Samples of water have continued to be taken by staff of the County Health Department. At no time has the level of the fluoride ion content exceeded permitted levels.

### *Rural Water Supplies and Sewerage Acts*

A large number of schemes, particularly those of sewerage, were put forward during the year. This is probably due in part to the pressures being exercised under the Rivers (Prevention of Pollution) Act 1961. One effect of action under this Act has been to retard building development until sewage works had been enlarged to cope with the proposed loads.

On the other hand there were very few Ministry Inquiries into either water or sewerage schemes. This reduction partly arises from Ministry instructions that Inquiries may be omitted in certain cases. Though this enables a scheme to go forward more quickly it throws additional responsibilities onto local authority officers.

### *Schemes considered by the Public Health Sub-Committee during the year*

Observations have been given in support of the following schemes :—

<i>Rural District or Water Board</i>	<i>Nature of Scheme</i>	<i>Estimated Cost £</i>	
<i>Sewerage Schemes</i>			
Bromsgrove	*Improvements to Hossill Lane Disposal Works, Clent .. .. .	50,100	
„	Sewering of the village of Fairfield and the Stoney- bridge area of Belbroughton .. .. .	58,700	
„	Stoke Prior Sewerage Scheme .. .. .	123,500	
Evesham	Church and Atch Lench Sewerage Scheme ..	53,494	
„	Broadway and Childswickham Sewerage and Sewage Disposal Scheme (amended) .. ..	332,000	
Kidderminster	Proposed extension of sewer at Wolverley .. ..	3,600	
Pershore	Bredon Sewerage and Sewage Disposal Scheme ..	384,000	
„	Bricklehampton, Charlton, Elmley Castle and Fladbury Sewerage Scheme .. .. .	275,000	
Upton-on-Severn	Severn Stoke and Kinnersley Sewerage Scheme ..	40,850	
„	Ripple and Uckinghall Sewerage Scheme ..	33,000	
„	Earls Croome and Baughton Sewerage Scheme ..	60,000	
		—————	1,414,244
<i>Water Supply Schemes</i>			
Bromsgrove	Chapel Green, Beoley—Water mains extension ..	7,242	
„	Water supply, Moss Lane, Close, Beoley .. ..	1,305	
„	Water supply, Clent, Walton Pool—Scheme E (completed) .. .. .	12,555	
„	Water supply, Clent and Romsley—Rumbow E.1. (completed) .. .. .	5,116	

<i>Rural District or Water Board Water Supply Schemes</i>	<i>Nature of Scheme</i>	<i>Estimated Cost £</i>
Bromsgrove	Extension of water main at Romsley .. ..	2,600
„	Extension of water main, Coxian and Holyoakes Cottages (total of four dwellings), Bentley Pauncefoot .. .. .	1,559
Droitwich	Water mains, extension Hawford, Claines ..	3,885
„	Water mains extension to Northampton, Lineholt, Comhampton and Boreley areas, Ombersley ..	29,322
„	Water mains extension to Hadley, Ombersley ..	9,305
„	Water supply, Mill Lane, Titton .. ..	490
„	Water supply extension, Loggerheads, Hanbury	1,356
„	Water supply extension, Addis Lane, Cutnall Green	950
„	Water Supply Scheme, Elmbridge .. ..	8,237
Kidderminster	Extension of watermains in parish of Broome ..	6,082
„	Extension of main along Crundalls Lane, Trimpley (Kidderminster Foreign) .. .. .	2,112
„	Water mains extension, Tanwood .. .. (Parish of Chaddesley Corbett)	2,480
Upton-on-Severn	Water supply extension, Deblins Green to Madresfield .. .. .	2,875
North West Worcestershire Water Board	Bockleton Water Supply Scheme (Tenbury R.D.)	39,993
„	Water supply, Kings Green, Highfield (Martley R.D.) .. .. .	821
		<hr/>
		138,286
		<hr/>
Total cost .. ..		£1,552,530
		<hr/>

\* The improvements to the Hossill Lane Sewage Disposal Works have been a subject of discussion on the possibility of an alternative combined scheme at Blakedown.

#### *Local Inquiries*

Inquiries, under the Ministry of Housing and Local Government, were held during the year into the following schemes :—

<i>District</i>	<i>Details</i>
Droitwich R.D. .. ..	Droitwich Sewerage and Sewage Disposal Scheme, Ladywood.
„ .. ..	Fernhill Heath Sewerage and Sewage Disposal Scheme.
Upton-on-Severn R.D. ..	Severn Stoke and Kinnersley Sewerage and Sewage Disposal Scheme.

#### *Schemes completed under the Acts*

The following schemes were completed during the year :—

Bromsgrove R.D. .. Hob Hill Area, Beoley Water Scheme.  
The Nutnalls, Belbroughton Water Scheme.  
Chapel Lane, Beoley Water Scheme.  
St. Kenelm's Road, Romsley Water Scheme.  
The Ridgeway, Astwood Bank.

Droitwich R.D.	..	Hollowfields, Hanbury Water Scheme. Broughton Green, Hanbury Water Scheme. Addis Lane, Cutnall Green Water Scheme Hawford School Water Scheme. Tibberton Sewerage Scheme. Mill Lane, Tilton, Water Scheme.
Martley R.D.	..	Shelsley Beauchamp Sewerage Scheme
Tenbury R.D.	..	Berrington and St. Michael's Water Scheme.

That only a few schemes were completed during the year has also been reflected in the small number which were given Ministry approval to proceed. This is probably a consequence of the general financial stringency of the period. It is thought, however, that where a particular scheme was being held up for this reason, renewed representations as to the public health need of such a scheme would result in an easing of the position.

#### *Sanitary Accommodation at Lay-bys*

The Government has provided a sum of money with which to pay for the establishment of experimental sanitary blocks. Certain local authorities in the country have built such accommodation on this basis. It is hoped that there may soon be sufficient information available, so that the public health nuisance caused by the lack of such accommodation near our trunk roads may be removed by the provision of such facilities.

#### *Clean Air Act 1956*

The cleansing of the air of its smoke, grit and soot etc., especially in our towns, is likely to be the next major public health measure which will improve not only health but living conditions. The resulting brightness in towns will not fail to have an invigorating effect on our spirits and lives. Future generations will probably express astonishment that we had put up with the present conditions, just as we may be surprised that people managed to live in the towns of a hundred or so years ago, when there was no proper mains water supply, sewers or refuse removal.

The nuisance from factory chimneys has now been largely eliminated, except, however, in parts of the industrial North of the County but little has been done to deal with the greater nuisance arising from the domestic fires. This is in line with the slow progress as a whole in the country. The Government has recently expressed its disappointment over this lack of progress. Perhaps by July, 1966, ten years after the passing of the above Act, the picture may begin to brighten.

The County Council has been co-operating with the Ministry of Technology's Warren Spring Laboratory and Upton Rural District Council in the setting up of two smoke and grit recording stations. These and similar stations elsewhere have been set up to ascertain the degree of pollution present in the air of rural localities. They are, of course, operating in addition to those recording stations which have been run by urban local authorities for many years.



*Annual Report of the County Welfare Officer for the Year 1965*

*To the Chairman, Aldermen and Members of the Worcestershire County Council*

In submitting this report, I would like to take the opportunity again to thank Alderman S. T. Melsom, O.B.E., Chairman of the Health Committee, Mr. J. G. Parker, Chairman of the Welfare Sub-Committee, Mr. H. J. Tooby, Vice-Chairman of the Welfare Sub-Committee, the members of the Sub-Committee and the several Chairmen and Members of the Visiting Committees of the Council's Homes for Old People for their support during the year.

It will be noted from my report that the services for old, blind and other handicapped persons continue to develop and I am very appreciative of the co-operation given to me by the various Voluntary Organisations in providing much needed domiciliary services. The members of these organisations give unstintingly of their time and effort for the benefit of old, blind and other handicapped persons and merit well deserved thanks.

I am grateful to all members of the staff, head office, district social welfare officers and those at the County homes for old people.

R. A. McDONALD  
County Welfare Officer.

County Welfare Department,  
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Worcester.

Telephone : Worcester 23400

*Welfare Services*

*Residential Accommodation*

I regret to have to report that 1965 proved another year of frustration in obtaining much real progress in the provision of additional welfare accommodation, and to make matters worse was the issue of a circular in September by the Ministry of Health deferring expenditure on certain capital items for a period of six months and stating that loan sanction would not be given before 1st February 1966 for other capital projects unless they were urgently needed. The buying of land in advance of requirements was also deferred.

However, a site for a new purpose-built home at Evesham had been purchased earlier in the year but plans for the proposed building had not been prepared by the end of the year.

The purchase of Areley House Hotel, Stourport, was completed and plans approved for its conversion into a 44 bedded home and it was only after representation had been made to the Ministry of Health in the matter that an intimation was received that the Ministry would sponsor loan sanction based on the tender price for this project in the financial year 1966/67.

With regard to the extension of Swinford Old Hall, Stourbridge, referred to in my previous report, although a tender was accepted in September for carrying out the work this unfortunately coincided with the issue of the circular by the Ministry of Health mentioned above and a reply to representations made which were considered to justify exemption from deferment in this case had not been received from the Ministry by the end of the year.

The proposed purchase of a property in Malvern mentioned in my previous report, which it was thought could be adapted to accommodate 40 old persons, did not materialise, and consideration is now being given to the possible extension of Malvernbury, Malvern, and/or to the purchase of a site likely to be available on which could be erected a purpose-built home.

The ten year plan for development of residential accommodation first submitted to the Ministry of Health in 1962 was again revised to cover the decade ending 31st March 1976. In this plan, provision was made for 9 purpose-built homes of 40 beds each and it was visualised that 820 beds under the County Council's direct control would be available within the period covered by the revised plan which, with the accommodation at present used by the County Council in the three Regional Hospital Board establishments (149 beds) being vacated by say 1970, and the former public assistance institution at Pershore (Heathlands) being closed down about 1971, would give a net increase of 135 beds over the total of 685 in 1965.

The Minister of Health is anxious that all former public assistance institutions should eventually be closed down and replaced by modern homes, and for that reason provision has been made for new accommodation to enable the use of Heathlands, Pershore, to be discontinued. With regard to Laburnum House, Upton-upon-Severn, which accommodates 150 old persons, the only other former public assistance institution under the direct control of the County Council, it is not considered practicable or economical to close it within the period covered by the present review. The number of beds have been reduced from time to time from 169 to 150 and a further reduction to 145 will take place fairly soon. The home as it is now will eventually cease to exist but it is felt that the County Council should concentrate on a building programme designed to enable accommodation at Heathlands, and the accommodation used in other former public assistance institutions now under the control of the Regional Hospital Board as mentioned previously to be vacated as soon as practicable.

Factors taken into account when reviewing past programmes and referred to in my previous report are still applicable to the present review, and the estimate of 820 beds thought to be required by the 31st March 1976 is based on these factors and considered to be a realistic one although of course subject to review in the light of changing circumstances.

*Applications for the Provision of Residential Accommodation*

Statements are attached showing for the year ended 25th December 1965 :—

- (1) the number and age groups of persons admittted to residential accommodation ;
- (2) the number of persons not admitted and the reasons therefor ;



- (3) the number of applications for the provision of temporary accommodation and how dealt with, and
- (4) an analysis of applications by districts

There has been a trend for the average age of new cases admitted to the Council's homes to increase over the last few years and this has been coincidental with the steady development of domiciliary services, statutory and voluntary, such as meals on wheels, home help service, social clubs and visiting, and also to the large extent to which housing authorities have co-operated in providing special housing for old people with a warden to exercise some degree of kindly supervision over the old people. All these services, which help to preserve the independence of old people by enabling them to remain in their own homes much longer than would otherwise be possible, must result in people applying for admission to residential accommodation at a greater age than some years ago when the domiciliary services had not developed to the extent they have at present.

An examination of the statement reveals that 66.7% of the persons admitted during 1965 were 76 years of age and over and 49.3% were 81 years of age and over, as compared with 64% and 40% respectively during 1964.

The service provided for many years by accommodating old people for short periods whilst their relatives or friends looking after them were away on holiday or were ill is meeting a real need. The extent to which advantage is taken of this service will be seen from the statement which shows that 91 old people were accommodated during 1965 as compared with 79 in 1964.

The extensive enquiries made in an endeavour to help old people to remain in their own homes resulted in 130 applicants out of 382 who were not admitted being found or were assisted to find alternative accommodation. In 115 cases help was given of an advisory nature or they were referred to the National Assistance Board for financial assistance.

It will also be seen from the statement that there was a decrease in the number of applications received for temporary accommodation at Three Springs Hostel, Pershore, namely from 35 in 1964 to 26 in 1965. There was, however, a slight increase over 1964 in the actual number of families admitted during 1965 but some of the families were accommodated for very short periods.

The total number of applications dealt with rose from 678 in 1964 to 775 in 1965.

#### *Welfare of Residents*

It is pleasing to record the ever increasing interest taken by various persons and organisations in helping in promoting the social welfare of the residents of the County Council's welfare accommodation.

Naturally, perhaps, Christmas time brings with it more evidence of outside interest but nevertheless the residents benefited throughout the year by being taken regularly on car rides and other outings and by the provision of film shows and other entertainment. Remembrance of their birthdays and Christmas cards and gifts is something particularly appreciated by them.

In addition to car rides and other trips provided by outside sources, outings were arranged at the County Council's expense as usual and also outings paid for out of the residents' own Comforts Funds.

Some residents, too, enjoyed holidays with relatives or friends and as usual a number went on a week's holiday to the seaside for which they had saved up.

The residents continued to benefit from the chiropody service provided at the homes, and a regular supply of books from the County Library for which Miss A. P. Barnes merits well deserved thanks for providing this much appreciated service.

In addition to this supply of books from the County Library, the homes have been provided for some time with a supply of large print books at cost price suitable for the use of those residents who are handicapped by poor sight. This service is meeting a real need and the residents concerned are very pleased with it.

It is natural for old people to be reluctant to leave their own homes and to remain as independent as long as possible but when even with the provision of various domiciliary services, a few finally have to give up their homes and enter a county home everything is done to enable them to settle down in their

new surroundings. Emphasis is laid upon the homes being made as homely as possible for the old people with the minimum of restrictions and in fact the only real 'restrictions' are that they should tell the warden if they are not coming in for a meal and if they are going to be absent from the home for any undue length of time, e.g. to stay with relatives or friends.

Residents are encouraged to take an interest in the running of the homes by carrying out some of the minor duties as this is considered to be conducive to their health and happiness and any assistance they give is purely voluntary. Any residents helping in this way may if they so wish have a remission of part of the charges made to them for their maintenance.

Mention has been made earlier in this report about the greater age of persons admitted nowadays to residential accommodation than that of some years ago. This is reflected in the number of residents who now volunteer to help in some way in the homes as may be gauged from the fact that there were only 77 such residents as compared with 131 in 1949.

#### *Special Housing for Old People—Warden's Schemes*

Although every effort is made to make the county homes for old people as homely and comfortable as possible for the residents, it must be reiterated that old people prefer to live independent lives and therefore the degree to which the housing authorities have co-operated with the County Council in operating schemes in which old people can have their own flats or bungalows and be given a measure of kindly supervision by a warden is most gratifying.

At the end of 1964, there were 29 schemes in operation covering 759 units and accommodating 1,073 old people. This number had increased to 35 (906 units with accommodation for 1,265 old people) at the end of December 1965, and a further 6 (196 units with accommodation for 273 old people) were expected to start fairly early in 1966.

As part of the information required by the Minister of Health in connection with the ten year programme for the development of welfare services, housing authorities were asked to give a forecast of special housing for the elderly, with a warden on call to be provided during the next five years in their areas, based on existing boundaries. The figures obtained showed that no less than 71 schemes covering 2,132 units and accommodating 3,049 elderly persons were likely to be operating at the 31st March 1971. In the light of this information it can readily be understood why caution has been exercised in estimating the needs for residential accommodation in future years.

It has been the practice for some years on request for the flashing lights warning system to be installed in the windows of dwellings provided by housing authorities and specially allocated to old people but which were not covered by a warden's scheme. Apart from being a practical means of securing help when needed, this warning system does give the old people some sense of security. Dwellings in warden's schemes are all connected by a bell warning system to the warden's dwellings and it has now been decided as far as future wardens' schemes are concerned that as an additional means of attracting assistance should the warden not be immediately available the flashing light system should also be installed which would operate at the same time as the warning bell system.

At the end of 1965, the flashing light system had been installed in 558 dwellings not covered by a warden's scheme as compared with 437 at the end of the previous year.

#### *Clubs for the Elderly*

No less than 6 new clubs for the elderly were opened by the W.V.S. during 1965, and as one club run by another voluntary association had to close down because so many members died and new members were not forthcoming, there were 91 clubs in existence at the end of the year as compared with 86 at the end of 1964.

The 91 clubs include 74 clubs for the elderly and 4 open all day clubs run by the W.V.S., 4 clubs and 1 open all day club run by the B.R.C.S. and 8 other clubs run by various voluntary organisations in the county. The County Council financially assist in the running of these clubs and it is worthy of mention that out of the 74 clubs for the elderly run by the W.V.S. no less than 39 are self-supporting. It is the policy of the W.V.S. to encourage their clubs to manage on their own if at all possible.

These clubs serve a most useful social purpose in efforts to combat loneliness amongst old people and particularly so in the case of the open all day clubs where the old people can obtain hot meals or snacks as well as companionship in addition to joining in social activities.



Although there are old people who prefer not to join social clubs, there is no doubt that the popularity of the clubs shows that they are meeting the needs of many old people, and much praise is due to the members of the voluntary organisations concerned for all the time and effort they expend on running this service.

#### *Meals on Wheels and Meals in Clubs*

Further development took place during the year when the meals on wheels service was extended to two more districts, and assistance was again rendered to the W.V.S. by supplying meals from a County Council home as the kitchen used by the W.V.S. was inadequate for their purpose.

The steady increase in the number of meals supplied to old people over the years was maintained during 1965 when the number reached a total of 84,506 compared with 73,229 during 1964.

The number of mid-day meals provided at day and luncheon clubs increased only slightly from 30,068 in 1964 to 30,099 in 1965.

#### *Registration and Inspection of Disabled Persons and Old Persons Homes*

The voluntary and private homes for disabled persons and old persons were periodically inspected during the year to ensure that good standards of accommodation and service were given and when considered necessary the notice of the proprietors was drawn to any matters requiring attention in the interests of the residents.

At the end of the year there were 22 registered homes (one more than in 1964) providing accommodation for 339 old and/or disabled persons. In addition, 2 homes run by the British Red Cross Society which are exempt from registration provided accommodation for 38 old people.

The registration of a further 3 homes for old people was pending at the end of the year because all the requirements of the Chief Fire Officer regarding fire precaution arrangements had not been completed.

#### *Welfare Services for the Blind and Partially Sighted*

##### *Blind Persons*

##### *(1) General*

On the 31st December 1965 there were 789 persons in the County registered as blind (324 men, 465 women). This total includes 76 persons (34 men, 42 women) in Oldbury. The current year (1965) is the last full year in which the latter figure will form part of the Worcestershire total as the Borough of Oldbury, which has exercised delegated welfare powers, will form part of the new County Borough of Warley as from the 1st April 1966.

Although the increase in the number on the register for 1965 is 30 and compares unfavourably at first sight with the very small annual increases evident over the previous decade virtually the whole of the present addition to the 1964 total is accounted for by persons over 80 years of age. It is probably more an indication of greater longevity than a reliable pointer to a rise in the incidence of blindness generally. Caution must, of course be exercised in drawing any conclusions from narrow comparisons in time but the continuing preponderance of elderly persons on the register does support the conclusion that blindness is becoming to a large extent a problem of old age and this has its implications for the welfare services.

At the other end of the register, there has been little change in the numbers both of school age children and those below school age (18 and 2 compared with 18 and 1 for the previous year).

There were more new registrations, 102 in 1965 as against 88 in 1964. 80% of the 1965 registrations were in respect of blind persons over 65 years of age.

##### *(2) Employment*

Whilst the number of Homeworkers employed under the County Council's scheme remains at 17, the scope of activities has been widened by the admission of 2 new workers in 1965, one in the trade of brush-making and the other as a general shopkeeper. Nearly £900 was expended in the year on equipment for these new workers, the expenditure being offset by the usual Ministry of Labour grants.

The Committee agreed the provision of new storage facilities in Droitwich to replace the leased premises in Harborne and when completed this is expected to improve the servicing of the scheme and reduce the overheads.

The Ministry of Labour periodical inspection of the Homeworkers' Scheme took place during the year and favourable comment was made on the efficiency and productivity attained. Particular mention was made of the very considerable help given to the blind homeworkers of Worcestershire in disposing of their products.

The Retail Shop for the sale of goods made by the blind and other handicapped persons in the Tything showed a 100% increase in the average weekly takings during 1965 these now being about £32 per week.

In Special (Sheltered) Workshops the number of Worcestershire Workers has declined by 1 to a total of 13, the great majority of these coming from the Oldbury area.

It is most encouraging to note the continued success of the emphasis placed on training for employment in open industry. Last year the number so employed rose by 8 to a total of 48. In the year under review the total of blind persons holding down a job in open competitive conditions has increased again, to a total of 59. When it is remembered that the proportion of blind workers outside sheltered schemes pre-war was quite literally negligible, the present proportion of two thirds employed under ordinary conditions is an indication of progress well worth remark.

(3) *Social Needs*

The County Council Home Teachers of the Blind made over 10,000 visits to blind persons during the year, dealing with practical problems, rehabilitation, handicraft instruction, the teaching of Braille and Moon, running Social Clubs in conjunction with the Voluntary Association and providing in general a "personal" welfare service.

The Worcestershire Association for the Blind through both main and local committees maintained their excellent provision, again working very closely with the Home Teachers employed by the County Council. A particularly helpful service for the elderly blind unable to learn Braille or Moon has been the issue of Talking Book Machines from the Nuffield Talking Book Library on rental. There are 94 of these machines in the County, excluding Oldbury, and the Association pay the rental of the great majority.

A useful concession for the blind came with the abolishing by the Postmaster General of all postal charges on equipment and braille books as from the 17th May, 1965.

(4) *Partially Sighted Persons*

The register of the partially-sighted for the year followed the consistent pattern of annual increase, the total at the end of 1965 reaching 133 (68 men, 65 women). This figure included 18 (12 men, 6 women) in Oldbury. The comparative figures for 1964 are 114 (61 men, 53 women) including 15 (10 men, 5 women) Oldbury cases.

The 1965 total includes 34 persons whose eye defects are likely to lead to blindness, 27 who are mainly industrially handicapped, 66 who require observation only and 6 children of school age.

Late in 1964, a series of large print books (The Ulverscroft series) was introduced by a retired publisher, on a non-profit making basis, for the benefit of the partially sighted. The books have proved their value in 1965 and have benefited many people unable to read ordinary print. In Worcestershire 686 volumes are in circulation through the County Library service and in addition 82 volumes have been purchased through the Welfare Department for issue to elderly persons with poor sight in the County Homes.

(5) *Register of Blind and Partially-Sighted Persons*

(a) *Incidence of Blindness*

During 1965 the number of Forms B.D.8 completed in respect of persons over school age (excluding Oldbury) was 122, viz. males—50, females—72, as compared with 107 in 1964. Of these 95 were certified blind, 21 partially-sighted and 6 not blind nor partially-sighted. The examinations were carried out by 15 ophthalmologists and in 32 cases domiciliary visits were necessary. There were 3 re-examinations—1 person who was previously partially-sighted was certified blind, 1 was again certified partially-sighted and 1 not blind nor partially-sighted.

Of the 119 new cases dealt with during the year the sources of reference were as follows :—

(a) General Practitioners	..	..	..	..	..	..	..	4
(b) Other medical sources (mainly ophthalmologists)	..	..	..	..	..	..	..	59
(c) National Assistance Board	..	..	..	..	..	..	..	36
(d) Other lay sources (welfare officers, neighbours, etc.)	..	..	..	..	..	..	..	20



(b) *Follow-up of Registered Blind and Partially-Sighted Persons*

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	P/S	Blind	P/S	Blind	P/S
(i) Number of cases registered during year in respect of which Section F(1) of Forms BD8 recommend						
(a) No Treatment .. .. .	12	2	8	—	47	13
(b) Medical .. .. .	1	—	7	—	6	4
(c) Surgical .. .. .	11	—	1	—	2	2
(ii) Number of cases at (i) (b), (c) above which on follow up action have received treatment .. .. .	4	—	8	—	7	4

*General Classes of Handicapped Persons*

(1) *Registration*

The number of persons registered as at the 31st December 1965 was 1,214 including 146 Oldbury residents. This is an increase of 151 over the previous year. Although there is not the same financial incentive to registration as with blind persons, who are entitled to a special scale of National Assistance, the consistent and substantial annual increase in the number of registered handicapped persons is some indication that services provided are meeting a need.

The total number comprises 107 persons under 16 years of age, 728 aged 16 to 64 years and 379 over 65 years of age and this, with a much smaller concentration of older persons, contrasts quite sharply with the age grouping of the register of blind persons.

(2) *Structural Alterations and Aids*

Aid given by the County Council in financing structural alterations has been given at approximately the same rate as in the previous year with the main emphasis on provision of ramps, footpaths, drives and handrails. In one instance a handicapped person was greatly assisted by the repositioning of a kitchen sink and working surfaces.

Many smaller aids have been provided, again with active co-operation in this field from the British Red Cross Society and the demand for ‘self-lift’ and other special forms of chair designed for the handicapped has continued at a high level. In some instances, outright grants have been made but the normal method of issue has been on ‘permanent loan’ so that a number of aids will eventually return to stock for the benefit of other disabled people. The great majority of applicants has been dependent on statutory benefits for income, supplemented by National Assistance.

(3) *Centres and Outwork for the Handicapped*

During the year expansion of the domiciliary outwork services for disabled persons continued and some thirty people were being provided with remunerative work such as assembling and packing on a contract basis. Although the type of work provided must be of a relatively simple kind and is normally part-time it is meaningful in economic terms and therefore particularly valuable in the context of a rehabilitative programme.

A temporary centre was established at Pershore in May for both outwork and handicrafts, but with the emphasis on outwork provided by local firms.

Experience with both types of provision—domiciliary and centre—indicated not only the value to the handicapped persons concerned but a great demand for increased provision and the Welfare Sub-Committee approved in principle a programme of expansion which will include the purchase of a special light bus for conveyance of disabled persons and movement of goods and materials, and the setting up of additional centres.

(4) *Social Activities*

Pastime craft instruction was provided throughout the year by the Department Craft Instructor in handicapped persons’ own homes and disposal of finished goods arranged.

The number of social clubs was increased from 9 to 10 by the formation in October of a British Red Cross Club at Droitwich aided by an annual grant from the County Council. The contribution of the two Voluntary Societies engaged in this field, the British Red Cross Society (7 clubs) and the Women's Voluntary Service (3 clubs) has been invaluable.

The annual holiday was again held at Westward Ho ! Devon, from the 15th to the 22nd May. It was attended this year by 158 handicapped persons and 142 helpers including relatives, friends, members of the British Red Cross Society and the Women's Voluntary Service and two members of the Welfare Department's staff. The severe disabilities of most of those taking advantage of the holiday demand a very high ratio of helpers and considerable work and ingenuity is put into the organisation. A grant of £5 per handicapped person towards the expenses was made by the County Council.

As in previous years, the co-ordination of arrangements for the holiday on behalf of the B.R.C.S. and the W.V.S. was in the hands of the Welfare Department, and the success of the holiday provided a good example of what can be achieved by co-operation between the statutory and voluntary bodies.

(5) *Disabled Drivers*

Identification badges (yellow discs) designed to help disabled drivers to meet parking and other difficulties attending their use of either motorised invalid carriages or specially adapted vehicles were issued to 19 approved applicants during the year. 151 Worcestershire drivers are now in possession of these badges which are displayed on the front and rear of a vehicle.

(6) *Admissions to Homes*

Eight “ younger physically handicapped persons ” (under 60 years of age) were admitted to various Homes during 1965 (6 to Voluntary Homes and 2 to County Homes in Worcestershire). The disabilities of the persons admitted were Multiple Sclerosis (2), Spasticity (1), Epilepsy (1), Muscular Dystrophy (1), Hemiplegia (1), Respiratory Disease (1) and Amputation (1).

At the end of 1965, the number of handicapped persons (excluding the Blind and the Deaf) in Homes was as shown on the following table. Categories and definitions are in accordance with the annual return to the Ministry of Health.

(a) *Physically Handicapped*

							<i>County Homes Worcestershire</i>	<i>Voluntary Homes</i>
Aged	..	..	..	..	..	..	176	6
Non-aged		..	..	..	..	..	21	10

(b) *Mentally Handicapped*

							<i>County Homes Worcestershire</i>	<i>Voluntary Homes</i>
Aged	..	..	..	..	..	..	54	1
Non-aged	..	..	..	..	..	..	26	—

*Deaf and Hard of Hearing Persons*

Although general welfare specialist services continued to be provided in 1965 on behalf of the County Council by the Worcestershire and Herefordshire Association for Work Amongst the Deaf, the County Welfare Department took over direct responsibility for the maintenance of the register. It had become evident that this task was beyond the resources of the small staff of the Association.

At the same time, the Department's own staff of Social Welfare Officers included deaf and hard of hearing people in their visits, and paid special attention to bringing the “ hard of hearing ” register up to date.

The numbers on the register at the end of the year were (a) Deaf with Speech 31, (b) Deaf without Speech 143, (c) Hard of Hearing 786.

While the figures for the two categories of deaf persons show little change from 1964, (when the numbers registered were 35 and 135 respectively) there has been a considerable reduction from the number of 851 hard of hearing persons on the register last year. The reduction is mainly accounted for by the detailed review of this register undertaken by staff of the Welfare Department since the Department assumed direct responsibility for registration. This task was not completed by the close of 1965 and a further reduction must be anticipated before the register can be regarded as accurate and as a basis for some realistic assessment of the future needs in this field. Such statistical information as is available nationally indicates that there must be a large number of unascertained persons in this particular category.



## STATISTICAL TABLES

TABLE " A "

## NOTIFICATION OF INFECTIOUS DISEASES

County District	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Poliomyelitis		Tuber- culosis		Diphtheria including membranous croup	Smallpox	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Acute pneumonia (primary or influenzal)	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Anthrax	T O T A L
				Paralytic	Non-paralytic	Respiratory	Other				Infective	Post-infectious										
URBAN																						
Bewdley Borough ..	19	3	25	—	—	2	—	—	—	—	—	—	28	1	—	1	2	—	1	—	—	49
Bromsgrove ..	34	4	459	—	—	14	3	—	—	—	—	—	2	1	—	1	—	—	1	—	—	547
Droitwich Borough..	1	—	39	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	45
Evesham Borough ..	—	—	19	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23
Halesowen Borough	25	1	542	—	—	6	—	—	—	1	—	—	3	—	—	23	2	2	2	3	—	608
Kidderminster Borough	14	4	181	—	—	7	2	—	—	—	—	—	—	—	1	—	1	1	1	1	1	212
Malvern ..	10	5	152	—	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	175
Oldbury Borough ..	63	17	636	—	—	28	3	—	—	1	—	—	17	—	—	30	—	—	6	3	—	804
Redditch ..	12	3	269	—	—	7	1	—	—	—	—	—	6	—	1	8	—	—	4	—	—	311
Stourbridge Borough	10	7	498	—	—	4	1	—	—	—	—	1	—	—	10	5	—	—	2	—	—	538
Stourport on Severn	27	—	69	—	—	3	—	—	—	—	—	—	—	—	7	1	—	—	—	—	—	107
Total Urban Districts..	215	44	2889	—	—	79	14	—	—	2	—	1	56	1	20	68	5	—	16	8	1	3419
RURAL																						
Bromsgrove ..	16	8	320	—	—	6	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	352
Droitwich ..	3	3	74	—	—	4	—	—	—	1	—	—	1	—	2	1	3	—	—	—	—	92
Evesham ..	1	—	71	—	—	1	—	—	—	—	—	—	—	—	1	7	—	1	—	—	—	75
Kidderminster ..	8	—	125	—	—	—	—	—	—	—	—	—	6	—	—	9	—	—	1	—	—	147
Martley ..	8	1	103	—	—	1	1	—	—	—	—	—	4	—	—	—	—	—	1	2	—	130
Pershore ..	1	—	143	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	147
Tenbury ..	—	—	67	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	67
Upton upon Severn	8	—	53	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	4	—	—	69
Total Rural Districts ..	45	12	956	—	—	15	2	—	—	2	—	—	12	—	3	19	3	—	6	4	—	1079
Administrative County	260	56	3845	—	—	94	16	—	—	4	—	1	68	1	23	87	8	—	22	12	1	4498
Administrative County 1964 ..	184	397	3574	—	—	94	11	—	—	2	1	—	25	2	28	86	1	—	59	8	—	4472



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF WORCESTER

Causes of Death	All Ages		Under 4 weeks		4 weeks and under 1 year		1—4 Years		5—14 Years		15—24 Years		25—34 Years		35—44 Years		45—54 Years		55—64 Years		65—74 Years		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES	2623	2477	61	49	20	14	15	9	15	9	37	14	29	7	71	73	207	140	549	286	702	520	917	1356
1. Tuberculosis, respiratory ..	5	6									1	1				3	1	1	2		1		1	1
2. Tuberculosis, other ..	2										1								1					
3. Syphilitic disease ..	5																		1		3		1	
4. Diphtheria ..																			1					
5. Whooping Cough ..																								
6. Meningococcal infections ..																								
7. Acute Poliomyelitis ..																								
8. Measles ..																								
9. Other infective and parasitic diseases ..	5	4				1									1				1	1	1		2	1
10. Malignant neoplasm, stomach ..	72	51														1	5	3	24	9	26	15	17	23
11. Malignant neoplasm, lung bronchus ..	184	34			1										7	1	22	3	83	14	56	10	15	6
12. Malignant neoplasm, breast ..		113														8								20
13. Malignant neoplasm, uterus ..		34														2		7						10
14. Other malignant and lymphatic neoplasms ..	224	201					2		1		5	1	7	1	2	11	26	24	49	41	68	60	64	63
15. Leukaemia, aleukaemia ..	7	8									1				1	1		1	5	1	1	4	1	2
16. Diabetes ..	20	26									1						2	2	2	2	8	7	6	15
17. Vascular lesions of nervous system ..	334	418							1			1			3	7	12	10	46	35	107	67	166	297
18. Coronary disease, angina ..	585	384											1		19	6	72	10	175	63	161	110	157	195
19. Hypertension with heart disease ..	39	52															2		5	2	19	19	12	31
20. Other heart disease ..	244	404							1				2	1	2		12	10	25	21	56	69	146	300
21. Other circulatory disease ..	99	98												2	2		8	3	19	3	16	15	54	72
22. Influenza ..	4	7																1	2				2	4
23. Pneumonia ..	133	139					1	2			1	1	1		3	1	2	4	19	11	32	25	69	89
24. Bronchitis ..	221	69													2	2	8	2	41	4	86	25	84	36
25. Other diseases of respiratory system ..	15	21				1	1		1						1	1	3	3	1	4	3	3	6	8
26. Ulcer of stomach and duodenum ..	30	10											1				2	1	4	3	7		16	6
27. Gastritis, enteritis and diarrhoea ..	12	15					2	1				1			1		1	1	1				2	9
28. Nephritis and nephrosis ..	19	14									1		1		1		4	2	6	3	3	2	3	5
29. Hyperplasia of prostate ..	24								1										1		5		18	
30. Pregnancy, childbirth, abortion ..		1																						
31. Congenital malformations ..	31	21					2		2	1		1							2	1	1			
32. Other defined and ill-defined diseases ..	178	232																						
33. Motor vehicle accidents ..	48	24					2	1	2	1	6	2	3	2	11	13	9	16	24	20	22	31	52	108
34. All other accidents ..	61	69					1	1	3	2	11	5	7		6	1	5	2	5	3	8	5	2	5
35. Suicide ..	22	21					4	2	5	1	9	1	2	1	4	6	6	1	3	1	7	14	17	49
36. Homicide and operations of war ..		1									1		3	1	4		5	6	2	6	3		4	1

TABLE "C"

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—URBAN AND RURAL DISTRICTS

CAUSES OF DEATH	URBAN DISTRICTS							RURAL DISTRICTS							GRAND TOTAL FOR COUNTY							
	Bewdley B.	Bromsgrove	Droitwich B.	Evesham B.	Halesowen B.	Kidderminster B.	Malvern	Oldbury B.	Redditch	Stourbridge B.	Stourport-on-Severn	Total	Bromsgrove	Droitwich		Evesham	Kidderminster	Marley	Pershore	Tenbury	Upton-on-Severn	Total
All Causes .. .. .	66	441	117	217	478	458	330	528	391	503	137	3666	340	142	193	103	128	204	59	265	1434	5100
1. Tuberculosis, respiratory .. .. .		1			1				3	2	1	9	1		1						2	11
2. Tuberculosis, other .. .. .		1										1	1								1	2
3. Syphilitic disease .. .. .		1				1			1			4								1	1	5
4. Diphtheria .. .. .																						
5. Whooping Cough .. .. .																						
6. Meningococcal infections .. .. .																						
7. Acute Poliomyelitis .. .. .																						
8. Measles .. .. .																						
9. Other infective and parasitic diseases .. .. .						2		2		1		5	1	1	1			1			4	9
10. Malignant neoplasm, stomach .. .. .	3	7		4	26	12	5	14	11	6	3	91	9	5	2	3	5	1	3	4	32	123
11. Malignant neoplasm, lung bronchus .. .. .	4	13	6	7	26	21	14	29	19	22	3	164	13	7	8	6	4	8	3	5	54	218
12. Malignant neoplasm, breast .. .. .	2	6	4	5	9	11	11	9	9	8	2	76	12	2	7	2	3	5	1	5	37	113
13. Malignant neoplasm, uterus .. .. .		2	1	2	2	3	3	4	5	2	2	26	1	2	2			3			8	34
14. Other malignant and lymphatic neoplasms .. .. .	7	39	11	14	34	37	27	48	30	46	7	300	25	13	13	11	15	20	4	24	125	425
15. Leukaemia, aleukaemia .. .. .		1			2	1	3	1	1	2	1	12	1				1			1	3	15
16. Diabetes .. .. .		4	1	1	5	9	1	3	5	4	2	35	1		2	1	2		4		11	46
17. Vascular lesions of nervous system .. .. .	14	53	19	64	62	73	41	51	58	82	17	534	49	27	28	8	17	37	10	42	218	752
18. Coronary disease, angina .. .. .	4	75	17	31	108	74	67	110	70	127	24	707	60	27	45	21	24	39	7	39	262	969
19. Hypertension with heart disease .. .. .	1	2	4	5	10	4	2	8	9	14	2	61	9	1	4		5	7		4	30	91
20. Other heart disease .. .. .	13	54	17	37	50	77	45	57	47	52	25	474	38	16	30	14	11	23	8	34	174	648
21. Other circulatory disease .. .. .	2	13	4	8	13	20	18	14	26	11	3	132	19	5	5	6	5	12		13	65	197
22. Influenza .. .. .		1	1		1	1		1	1		2	8		2						1	3	11
23. Pneumonia .. .. .	4	57	5	6	17	14	14	47	14	11	9	198	24	8	5	9	1	3	4	20	74	272
24. Bronchitis .. .. .	5	30	3	7	31	24	17	34	22	37	6	216	14	8	8	3	8	8	5	20	74	290
25. Other diseases of respiratory system .. .. .		6	1		3	5	2	4	3	4	2	26	2	2	1	1	2		2	5	10	36
26. Ulcer of stomach and duodenum .. .. .		2	1	2	4	4		4	6	4	2	31	3	2	1					1	9	40
27. Gastritis, enteritis and diarrhoea .. .. .		3	1		2	1		2	3	1	3	16	2	2	4			1	1	1	11	27
28. Nephritis and nephrosis .. .. .		4	1		3	3	2	3	3	3		22	4	1	3		1		1	1	11	33
29. Hyperplasia of prostate .. .. .				2	4	3	3		1	1		14	1		4			1	1	3	10	24
30. Pregnancy, childbirth, abortion .. .. .																						
31. Congenital malformations .. .. .		8	1	1	3	2	4	4	4	3	3	33	6	1	1	3	2	4		2	1	1
32. Other defined and ill-defined disease .. .. .	6	38	12	9	41	34	34	42	25	39	13	293	21	11	13	10	17	16	1	28	117	52
33. Motor vehicle accidents .. .. .		7	5	2	4	3	1	11	8	5	4	50	8		4	2	2	4	1	1	22	410
34. All other accidents .. .. .		11	1	8	14	15	13	17	5	12	3	99	11		1	1	3	6	3	6	31	130
35. Suicide .. .. .	1	2	1	2	3	4	3	7	2	3		28	4		1	2	1			4	15	43
36. Homicide and operations of war .. .. .								1				1										1



DENTAL SERVICES FOR EXPECTANT AND  
NURSING MOTHERS AND CHILDREN

PART A. Dental Treatment—Number of Cases

		Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
1	Expectant and nursing mothers .. ..	97	88	73
2	Children aged under 5 and not eligible for school dental service .. .. .	566	420	361

PART B. Dental Treatment Provided

		Scalings and gum treatment (1)	Fillings (2)	Silver nitrate treat- ment (3)	Crowns and inlays (4)	Extrac- tions (5)	General anaes- thetics (6)	Dentures provided		Radio- graphs (9)
								Full upper or lower (7)	Partial upper or lower (8)	
1	Expectant and nursing mothers	45	228	—	1	157	4	26	16	15
2	Children aged under 5 years and not eligible for school dental service ..	10	395	111	—	680	160	—	—	—

PART C. Number of Premises and Sessions

1	Number of dental treatment centres in use at end of year for services shown in Part B above	20
2	Number of dental officer sessions ( <i>i.e.</i> equivalent complete half days) devoted to maternity and child welfare patients during the year	108

Table “ E ”

NURSING SERVICES—STAFF ACCOMMODATION

Premises	Location			Type of Accommodation													
				Houses						Bungalows				Flats			
	Urban	Rural	Total	Bedrooms			District Room facilities	Garage available	Bedrooms		District Room facilities	Garage available	Bedrooms		District Room facilities	Garage available	
				1	2	3			1	2			1	2			1
<i>County Council owned :</i>																	
1. Purpose built	38	25	63	—	22	35	57	57	—	—	—	—	—	5	1	6	6
2. Purchased	14	11	25	—	3	10	12	12	—	2	—	1	—	8	2	10	9
<i>Rented from :</i>																	
1. District Councils	4	5	9	—	1	4	4	5	—	—	—	—	—	1	3	—	1
2. Nursing Associations etc.	7	5	12	—	3	4	6	7	—	—	—	—	—	3	2	5	5
TOTALS	63	46	109	—	29	53	79	81	—	2	—	1	—	17	8	21	21



Table “ F ”

SUMMARY OF THE RETURN OF DIPHThERIA IMMUNISATION FOR THE YEAR 1965

	A. Number of children who received a primary clurse during the year						B. Number of children who received a reinforcing dose during the year						
	Year of Birth						Year of Birth						
	1965	1964	1963	1962	1958- 1961	1950- 1957	Total	1964	1963	1962	1958- 1961	1950- 1957	Total
Bewdley B.	22	57	5	2	9	2	97	—	14	1	63	59	137
Droitwich B.	44	79	8	5	4	—	140	63	22	2	86	61	234
Evesham B.	88	97	9	1	6	—	202	45	67	14	153	44	323
Halesowen B.	231	323	20	9	6	2	590	58	118	31	430	423	1060
Kidderminster B.	175	302	10	9	80	10	586	38	58	22	341	413	872
Oldbury B.	263	409	31	20	53	34	810	13	18	5	557	545	1138
Stourbridge B.	319	324	14	5	10	4	676	55	123	25	328	400	931
Bromsgrove U.D.	300	338	22	5	20	4	689	110	193	34	434	311	1082
Malvern U.D.	118	215	24	8	7	4	376	28	43	7	335	197	610
Redditch U.D.	288	406	24	11	15	4	748	117	268	22	468	313	1188
Stourport-on-Severn U.D.	91	151	7	2	20	1	272	18	24	3	163	160	368
Bromsgrove R.D.	196	360	29	4	19	9	617	39	117	30	392	154	732
Droitwich R.D.	75	129	22	3	1	20	250	13	42	5	119	48	227
Evesham R.D.	65	105	22	6	7	—	205	26	63	21	111	19	240
Kidderminster R.D.	51	95	2	1	9	1	159	8	37	4	119	101	269
Martley R.D.	81	108	7	2	5	1	204	6	8	5	122	50	191
Pershore R.D.	107	137	7	2	13	—	266	22	43	8	218	112	403
Tenbury R.D.	24	37	—	1	3	—	65	2	7	2	72	60	143
Upton-on-Severn R.D.	48	89	6	2	10	2	157	5	12	3	141	80	241
Totals	2586	3761	269	98	297	98	7109	666	1277	244	4652	3550	10389

Table "G"

## SMALLPOX VACCINATION—ANNUAL RETURNS FOR HTE YEAR ENDED 31st DECEMBER, 1965

District	No. of children vaccinated						No. of children re-vaccinated						Total		
	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 yr.	2-4 yrs.	5-15 yrs.	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 yr.		2-4 yrs.	5-15 yrs.
Bewdley B.	—	1	—	1	53	3	—	58	—	—	—	—	—	2	4
Droitwich B.	1	7	4	11	61	9	2	95	—	—	—	—	—	1	3
Evesham B.	1	—	1	8	109	10	2	131	—	—	—	—	—	2	2
Halesowen B.	2	4	6	39	256	32	—	339	—	—	—	—	—	1	2
Kidderminster B.	—	17	2	17	236	50	5	327	—	—	—	—	—	10	10
Oldbury B.	21	87	18	54	134	42	8	364	—	—	—	—	2	10	12
Stourbridge B.	5	25	14	18	359	38	3	462	—	—	—	—	—	4	5
Bromsgrove U.D.	10	1	33	3	369	75	9	500	—	—	—	—	—	6	6
Malvern U.D.	43	15	4	12	168	32	6	280	—	1	—	—	2	15	18
Redditch U.D.	1	—	1	5	453	73	6	539	—	—	—	—	—	1	7
Stourport U.D.	1	3	12	17	155	24	3	215	—	—	—	—	—	11	12
Bromsgrove R.D.	4	16	11	9	298	97	1	436	—	—	—	—	2	3	5
Droitwich R.D.	4	3	10	13	81	11	1	123	—	—	—	—	—	1	1
Evesham R.D.	1	1	1	9	87	8	3	110	—	—	—	—	1	8	9
Kidderminster R.D.	—	1	1	5	63	19	1	90	—	—	—	—	—	3	3
Martley R.D.	—	7	9	26	103	21	4	170	—	—	—	—	—	7	7
Pershore R.D.	9	1	13	25	87	14	4	153	—	—	—	1	—	5	8
Tenbury R.D.	1	13	5	10	18	3	1	51	—	—	—	—	2	1	2
Upton-on-Severn R.D.	5	5	4	10	85	11	2	122	—	—	—	—	—	—	—
Totals	109	207	149	292	3175	572	61	4565	—	1	—	1	18	97	117



Table " H "

WHOOPING COUGH IMMUNISATION—SUMMARY OF RETURNS FOR YEAR ENDED 31st DECEMBER, 1965.

District	No. of children who have received a primary course Year of Birth						
	1965	1964	1963	1962	1958-61	1950-57	Total
Bewdley B.    ..    ..    ..	22	57	5	2	—	—	86
Droitwich B.    ..    ..    ..	43	79	8	5	4	—	139
Evesham B.    ..    ..    ..	75	91	9	1	3	—	179
Halesowen B.    ..    ..    ..	225	307	17	4	2	1	556
Kidderminster B.    ..    ..	166	282	10	7	3	—	468
Oldbury B.    ..    ..    ..	260	407	28	19	16	6	736
Stourbridge B.    ..    ..    ..	311	319	13	4	5	1	653
Bromsgrove U.D.    ..    ..	295	327	21	5	4	1	653
Malvern U.D.    ..    ..    ..	118	213	22	5	2	2	362
Redditch U.D.    ..    ..    ..	287	396	19	9	5	—	716
Stourport U.D.    ..    ..    ..	91	151	7	1	2	—	252
Bromsgrove R.D.    ..    ..	191	354	25	4	5	—	579
Droitwich R.D.    ..    ..    ..	73	124	22	3	1	20	243
Evesham R.D.    ..    ..    ..	58	94	21	4	6	—	183
Kidderminster R.D.    ..    ..	50	94	1	—	1	—	146
Martley R.D.    ..    ..    ..	81	105	7	1	5	1	200
Pershore R.D.    ..    ..    ..	107	136	7	2	12	—	266
Tenbury R.D.    ..    ..    ..	24	37	—	1	2	—	64
Upton-on-Severn R.D...    ..	48	89	5	—	8	2	152
Totals    ..    ..	2525	3662	247	77	86	34	6631

Table " J "

SUMMARY OF THE RETURN OF TETANUS IMMUNISATION FOR THE YEAR 1965

	A. Number of children who received a primary course during the year.						B. Number of children who received a reinforcing dose during the year						
	Year of Birth						Year of Birth						
	1965	1964	1963	1962	1958- 1961	1957	1950- Total	1964	1963	1962	1958- 1961	1950- 1957	Total
Bewdley B. . .	22	57	5	2	9	2	97	—	14	1	63	59	137
Droitwich B. . .	44	79	8	5	2	—	138	63	22	2	83	62	232
Evesham B. . .	88	97	9	1	6	—	202	45	67	14	125	41	292
Halesowen B. . .	231	322	20	9	12	15	608	58	118	31	389	312	908
Kidderminster B. . .	175	302	10	9	80	10	586	38	58	22	342	413	873
Oldbury B. . .	263	409	31	20	55	58	836	13	18	5	377	240	653
Stourbridge B. . .	319	324	14	5	8	4	674	55	122	23	266	80	546
Bromsgrove U.D. . .	299	337	22	5	45	9	717	110	191	33	396	149	879
Malvern U.D. . .	118	215	24	8	7	3	375	28	43	7	272	42	392
Redditch U.D. . .	288	405	24	10	18	7	752	117	267	22	234	43	683
Stourport U.D. . .	91	151	7	2	20	1	272	18	24	3	163	160	368
Bromsgrove R.D. . .	196	359	29	4	41	15	644	39	117	30	356	67	609
Droitwich R.D. . .	75	127	22	3	1	20	248	13	42	5	110	48	218
Evesham R.D. . .	65	105	21	6	9	3	209	27	61	18	97	19	222
Kidderminster R.D. . .	51	95	2	1	9	1	159	8	37	4	119	101	269
Martley R.D. . .	81	108	7	1	6	4	207	6	8	4	98	32	148
Pershore R.D. . .	107	137	7	2	13	—	266	22	42	8	196	42	310
Tenbury R.D. . .	24	37	—	1	3	—	65	2	7	2	72	60	143
Upton-on-Severn R.D. . .	48	89	6	2	8	3	156	5	12	3	114	26	160
Totals . .	2585	3755	268	96	352	155	7211	667	1270	237	3872	1996	8042



AMBULANCE SERVICE  
CASES CONVEYED AND MILEAGE COVERED BY AMBULANCE, HOSPITAL AND HIRE CARS

Month	A.		AMBULANCE		B.		HOSPITAL CARS		C.	
	Cases		Miles		Cases		Miles		Cases	
	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965
January	..	..	..	..	1,568	2,073	22,447	24,384	1,250	1,392
February	..	..	..	..	1,579	2,185	22,940	24,269	1,257	1,704
March	..	..	..	..	1,486	2,107	20,287	25,069	1,412	1,823
April	..	..	..	..	1,483	1,694	20,099	19,841	1,432	1,295
May	..	..	..	..	1,468	2,088	21,511	23,298	1,219	1,687
June	..	..	..	..	1,462	1,836	22,978	18,070	1,407	1,669
July	..	..	..	..	1,782	2,401	23,493	24,522	1,526	1,373
August	..	..	..	..	1,624	2,177	21,407	22,611	1,178	1,140
September	..	..	..	..	1,749	2,335	21,890	26,050	1,657	1,270
October	..	..	..	..	1,697	2,478	20,970	25,128	1,649	960
November	..	..	..	..	1,688	2,863	21,870	28,722	1,583	1,384
December	..	..	..	..	1,588	2,724	20,969	28,456	1,241	1,472
Total	..	..	..	..	19,174	26,961	260,861	290,320	16,811	17,169

\* Including 212 } Residue Miles, Worcester City and District Voluntary Ambulance Service.  
† Including 194 }

Table “ L ”

AMBULANCE SERVICE  
VEHICLES AND DRIVER ATTENDANTS  
ESTABLISHMENT AS AT 31st DECEMBER 1965

Ambulance Station	No. of Vehicles	Driver/Attendants	
		Whole-time	Part-time
Bromsgrove .. .. .	7	14	
Control (H.Q.) .. ..	1	2†‡	
Evesham .. .. .	5	14	
Halesowen .. .. .	6	14	
Kidderminster .. .. .	7	15†	
Malvern .. .. .	6	10	
Oldbury .. .. .	5	8	
Pershore * .. .. .	1		3
Redditch .. .. .	5	10	
Stourbridge .. .. .	5	14	
Tenbury * .. .. .	1		3
Wythall .. .. .	1	—	Agency
Hayley Green Hospital	2		1
Total ..	52	101	7

\* PERSHORE AND TENBURY : During the hours between 8 a.m. and 5.30 p.m. Monday to Friday and 8 a.m.—12.30 p.m. on Saturday, the Ambulance Service is operated on an agency basis. The part-time men taking over at nights and weekends.

‡ Including one relief deputy supervisor.

† Including County Relief Driver Attendants.

Table “ M ”

*Convalescent homes used during 1965*

Name of Home	Males	Females	Children	Total
Inglenook Convalescence Home, Weston-super-Mare .. .. .	30	87		117
Elm Lodge, Weston-super-Mare .. .. .	3	12		15
The Birches, Redditch .. .. .	14	40		54
Bexhill-on-Sea, Sussex .. .. .	—	1	1	2
Heath House, Degannwy .. .. .	—	3	11	14
Lady Forester Trust, Llandudno .. .. .	1	—		1
St. Luke's, Exmouth .. .. .	—	4		4
Rest Bay, Porthcawl .. .. .	—	7		7
Friendly Society Home, Herne Bay, Kent .. .. .	3	—		3
Bowling Green House, Bromsgrove .. .. .	1	4		5
Miss Jelfs, 49 Ombersley Road, Worcester .. .. .	—	1		1
The Laurels, Bromsgrove .. .. .	—	3		3
Mrs. Saunders, 24 Park Avenue, Worcester .. .. .	2	11		13
Briarfield, Malvern .. .. .	—	1		1
	54	174	12	240



*Tuberculosis*

TABLE I

*Tuberculosis Rates/1000 Population*

Years	Notifications	Deaths
1920—24	1.52	0.92
1925—29	1.44	0.80
1930—34	1.46	0.78
1935—39	1.23	0.63
1940—44	0.96	0.55
1945—49	0.85	0.48
1950—54	0.87	0.23
1955—59	0.58	0.10
1960—64	0.31	0.05
1965	0.23	0.02

TABLE II

*Notification and Death Rates in Districts 1965*

Population*	District	Notification rate per 1000 population	Death rate per 1000 population	Total Cases notified	Total Deaths
5,370	Bewdley Borough .. ..	0.37	0.00	2	0
37,570	Bromsgrove Urban .. ..	0.42	0.05	16	2
8,610	Droitwich Borough .. ..	0.23	0.00	2	0
13,000	Evesham Borough .. ..	0.23	0.00	3	0
45,440	Halesowen Borough .. ..	0.15	0.02	7	1
43,880	Kidderminster Borough .. ..	0.20	0.00	9	0
28,320	Malvern Urban .. ..	0.21	0.00	6	0
54,780	Oldbury Borough .. ..	0.56	0.02	31	1
36,680	Redditch Urban .. ..	0.22	0.08	8	3
46,560	Stourbridge Borough .. ..	0.11	0.04	5	2
14,070	Stourport-on-Severn Urban ..	0.21	0.07	3	1
40,990	Bromsgrove Rural .. ..	0.12	0.05	5	2
14,600	Droitwich Rural .. ..	0.26	0.00	4	0
18,210	Evesham Rural .. ..	0.05	0.05	1	1
12,390	Kidderminster Rural .. ..	0.00	0.00	0	0
12,780	Martley Rural .. ..	0.16	0.00	2	0
19,360	Pershore Rural .. ..	0.15	0.00	3	0
5,350	Tenbury Rural .. ..	0.00	0.00	0	0
14,670	Upton-on-Severn Rural .. ..	0.07	0.00	1	0
472,630	Whole County .. ..	0.23	0.02	108	13

\* A boundary change occurred during 1965.

Table “ O ”

*Venereal Diseases—Statistical Table*

The following information has been supplied by the hospitals at which the patients attended:—

Treatment Centre			Number of Worcestershire Cases :—			
			Syphilis	Gon.	Not V.D.	Total
Worcester	..	..	12	26	165	203
Birmingham	..	..	9	50	156	215
Dudley	..	..	2	26	53	81
Totals 1965			23	102	374	499
	1964	..	9	94	391	494
	1963	..	10	64	311	385
	1962	..	12	44	284	340
	1961	..	14	64	283	361
	1960	..	11	57	196	264
	1959	..	13	27	250	290
	1958	..	18	37	165	220
	1957	..	17	34	190	241
	1956	..	16	33	230	279
	1955	..	16	31	191	238
	1954	..	34	29	247	310
	1953	..	46	61	285	392
	1952	..	53	78	271	402
	1951	..	54	44	259	357
	1950	..	42	52	279	373
	1949	..	68	98	311	477
	1948	..	105	111	350	566
	1947	..	104	142	450	696
	1946	..	126	226	592	944

Applications for Provision of Residential Accommodation during the Year Ended 25th December 1965

Persons Admitted to Residential Accommodation		Age Groups							Over 95	Total
		Under 60	60-69	70-75	76-80	81-85	86-90	91-95		
1.	Aged and/or infirm—living alone who in the opinion of their doctor were in need of more care and attention that was or could be made available to them in their homes .. ..	—	7	15	17	26	14	2	1	82 (86)
2.	Aged and/or infirm—living with friends or relatives unable to continue to care for them .. ..	1	8	13	15	30	8	3	—	78 (89)
3.	Aged and/or homeless (including persons in hospital who were admitted after the possibility of them returning to their previous residence had been explored) and persons of ‘ no fixed abode ’ .. ..	5	24	17	19	15	13	—	1	94 (91)
4.	Physically handicapped (non-aged) .. ..	8	—	—	—	—	—	—	—	8 (5)
5.	Mentally handicapped (non-aged) .. ..	2	—	—	—	—	—	—	—	2 (7)
6.	Short stay cases temporarily unable to remain with friends or relatives because of illness or holidays .. ..	3	4	11	11	26	24	12	—	91 (79)
	Totals .. ..	19	43	56	62	97	59	17	2	355 (357)

Included in the above table were 13 (15) persons who were admitted direct from mental hospitals.

Re-admissions and transfers—in addition to the above 72 (74) persons were re-admitted to residential accommodation from hospital and 23 (43) persons were transferred from one home to another in order to be nearer friends or relatives or to provide accommodation suited to their needs.

NOTE : Figures in brackets are for the year ended 26th December, 1964 and are shown for comparison.



Persons Not Admitted to Residential Accommodation		Age Groups								
		Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95	Total
1.	Not considered eligible	6	3	8	4	4	6	2	—	33 (8)
2.	Found to be too ill for residential accommodation and arrangements made for admission to Regional Hospital Board accommodation	1	10	14	16	23	10	4	1	79 (65)
3.	Need met by domiciliary, health and social services	—	2	6	6	4	4	3	—	25 (30)
4.	Application withdrawn—Alternative arrangements made by or on behalf of applicant, <i>e.g.</i> , assisted finding alternative accommodation with friend, relatives or in private homes registered by the County Council	6	19	35	27	30	11	1	1	130 (114)
5.	Visited—advice only given or referred to National Assistance Board for financial help	13	24	41	15	13	5	4	—	115 (59)
Totals		26	58	104	68	74	36	14	2	382 (276)

In addition 12 (10) persons were visited on behalf of other authorities.  
NOTE : Figures in brackets are for the year ended 26th December, 1964 and are shown for comparison.

Application for the Provision of Temporary Accommodation during the Year Ended 25th December 1965

Reason for Application	Admitted	Number of Family Units	
		Not Admitted	Total Applications
1. Evicted owing to rent arrears from council houses .. .. .	- (1)	2 (2)	2 (3)
2. Evicted owing to rent arrears from private houses .. .. .	1 (-)	2 (1)	3 (1)
3. Evicted on grounds of nuisance from council houses .. .. .	- (-)	- (1)	- (1)
4. Evicted on grounds of nuisance from private houses .. .. .	- (-)	- (-)	- (-)
5. Evicted from service tenancy after dismissal from employment .. .. .	1 (1)	- (2)	1 (3)
6. Evicted from service tenancy after resignation from employment .. .. .	1 (-)	- (4)	1 (4)
7. Evicted from service tenancy because employee unable to continue service due to incapacity .. .. .	- (1)	- (1)	- (2)
8. Evicted from furnished rooms .. .. .	4 (1)	1 (4)	5 (5)
9. Evicted by relatives/friends .. .. .	4 (4)	- (2)	4 (6)
10. Evicted by reason of unauthorised sub-tenancy .. .. .	- (-)	- (-)	- (-)
11. Homeless (accommodated overnight and left before proper investigation could be made) .. .. .	- (2)	- (-)	- (2)
12. Fire, flood or other emergency .. .. .	1 (-)	1 (1)	2 (1)
13. Advice only required .. .. .	- (-)	2 (2)	2 (2)
14. Others .. .. .	3 (2)	3 (3)	6 (5)
	15 (12)	11 (23)	26 (35)

The analysis for 1964 is shown in brackets.

The 15 families accommodated comprised 0 men, 15 women and 29 children compared with 12 families consisting of 0 men, 12 women and 22 children during the year ended 26th December, 1964.

Applications during the year were received from 11 family units comprising 9 men, 11 women, and 22 children for the provision of temporary accommodation but were not admitted compared with 23 family units comprising 18 men, 24 women and 80 children during the year ended 26th December, 1964.

Districts	Residential Accommodation			Temporary Accommodation		
	Admitted	Not Admitted	Total	Admitted	Not Admitted	Total
Bewdley Borough	4 (2)	3 (3)	7 (5)	— (1)	1 (1)	1 (2)
Bromsgrove Urban	17 (14)	29 (16)	46 (30)	2 (—)	1 (—)	3 (—)
Bromsgrove Rural	15 (23)	37 (19)	52 (42)	— (1)	— (3)	— (4)
Droitwich Borough	7 (6)	12 (10)	19 (16)	— (1)	1 (—)	1 (1)
Droitwich Rural ..	10 (15)	16 (9)	26 (24)	2 (—)	1 (—)	3 (—)
Evesham Borough	17 (16)	10 (9)	27 (25)	2 (—)	— (2)	2 (2)
Evesham Rural ..	15 (18)	17 (7)	32 (25)	— (—)	— (—)	— (—)
Halesowen Borough	40 (35)	26 (26)	66 (61)	— (—)	— (3)	— (3)
Kidderminster Borough	42 (57)	36 (28)	78 (85)	— (1)	(—)(3)	— (4)
Kidderminster Rural	8 (9)	13 (4)	21 (13)	— (—)	— (—)	— (—)
Malvern Urban ..	29 (29)	48 (52)	77 (81)	— (—)	— (1)	— (1)
Martley Rural ..	11 (14)	15 (7)	26 (21)	— (—)	— (1)	— (1)
Oldbury Borough	23 (11)	20 (7)	43 (18)	5 (1)	3 (1)	8 (2)
Pershore Rural	9 (15)	17 (17)	26 (32)	— (—)	— (—)	— (—)
Redditch Urban	14 (12)	27 (18)	41 (30)	2 (—)	— (5)	2 (5)
Stourbridge Borough	41 (40)	19 (18)	60 (58)	— (—)	1 (—)	1 (—)
Stourport Urban	14 (8)	14 (5)	28 (13)	— (1)	1 (2)	1 (3)
Tenbury Rural ..	4 (3)	3 (2)	7 (5)	— (—)	— (—)	— (—)
Upton upon Severn Rural	22 (10)	13 (18)	35 (28)	2 (—)	— (—)	2 (—)
Districts not in County ..	6 (6)	15 (10)	21 (16)	— (3)	1 (1)	1 (4)
No fixed abode ..	7 (14)	4 (1)	11 (15)	— (3)	1 (—)	1 (3)
	355 (357)	394 (286)	749 (643)	15 (12)	11 (23)	26 (35)

Figures for 1964 are shown in brackets.



Table " R "

Construction of New Houses up to 31st December, 1965 (From 1st April, 1945)

The following table shows the number of new houses built in each area of the County during the past twenty years (1st April, 1945 to 31st December, 1965). For purposes of comparison between the different authorities the number of homes has also been expressed as the number per 1,000 of the population.

District		Population mid 1965	By Local Authorities		By Private Builders		By Housing Associations	Houses completed per 1,000 population	
			Under Construction	Completed since 1st April, 1945	Under Construction	Completed since 1st April, 1945		By local Authorities	All sources
<i>Boroughs :</i>									
Bewdley	..	5,370	61	377	156	295	17	70.2	128.31
Droitwich	..	8,610	39	523	12	829	22	60.7	159.6
Evesham	..	13,000	—	792	53	709	—	60.9	115.5
Halesowen	..	45,440	122	2,503	370	2,870	50	55.1	119.3
Kidderminster	..	43,880	137	2,783	223	2,412	—	63.4	118.4
Oldbury	..	54,780	403	3,150	72	1,271	—	57.5	80.7
Stourbridge	..	46,560	166	2,864	354	3,106	36	61.5	129.9
<i>Urban Districts :</i>									
Bromsgrove	..	37,570	38	1,990	107	2,936	100	53	133.8
Malvern	..	28,320	98	1,655	252	1,479	9	58.4	111
Redditch	..	36,680	28	2,547	133	2,456	—	69.4	136.4
Stourport-on-Severn	..	14,070	49	977	82	1,514	—	69.4	177
<i>Rural Districts :</i>									
Bromsgrove	..	40,990	68	893	205	4,274	22	21.8	126.6
Droitwich	..	14,600	26	565	104	656	—	38.7	83.6
Evesham	..	18,210	26	848	155	1,019	—	46.6	102.5
Kidderminster	..	12,390	8	903	48	537	—	72.9	116.2
Martley	..	12,780	12	362	79	866	—	28.3	96.1
Pershore	..	19,360	2	1,090	145	1,199	—	56.3	118.2
Tenbury	..	5,350	16	149	25	142	—	27.8	54.4
Upton-on-Severn	..	14,670	—	554	116	802	—	37.8	92.4

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